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CANADIAN THESES ON MICROFICHE | THÈSES CANADIENNES SUR MICROFICHE

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TITLE OF THESIS/*TITRE DE LA THÈSE* Family Planning Programs: A Humanistic Approach, with Special Reference to Africa

UNIVERSITY/*UNIVERSITÉ* Alberta

DEGREE FOR WHICH THESIS WAS PRESENTED/ *GRADE POUR LEQUEL CETTE THÈSE FUT PRÉSENTÉE* M.A.

YEAR THIS DEGREE CONFERRED/*ANNÉE D'OBTENTION DE CE GRADE* 1975

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FAMILY PLANNING PROGRAMS: A HUMANISTIC APPROACH, WITH SPECIAL REFERENCE TO AFRICA

by

© DARLENE JUDY LETWINETZ McCUE

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF ARTS

DIVISION OF COMMUNITY DEVELOPMENT

EDMONTON, ALBERTA

FALL, 1975

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled "Family Planning Programs: A Humanistic Approach, with Special Reference to Africa" submitted by Darlene Judy Letwinetz McCue in partial fulfilment of the requirements for the degree of Master of Arts.

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ABSTRACT

Background to the nature and choice of the subject of the thesis, family planning in less developed countries, is presented in the first chapter. The rationale which has given rise to most of the family planning programs in these countries is then analysed. Some important humanistic concerns related to family planning, but overlooked by the family planning rationale, are discussed. Then, six African family planning programs are evaluated for their humanistic potential. These programs, mostly products of the family planning rationale, illustrate the shortcomings of the common approach to family planning. An alternative approach, one oriented toward meeting people's real needs rather than merely decreasing numbers, is suggested. Two possible sources of the elements of a humanistic approach to family planning are examined. One is community development experience in the less developed countries and the other, recent trends in the field of family planning itself. Their contributions to a humanistic approach are summarized in five guiding principles for family planning programs.

ACKNOWLEDGEMENTS

I especially thank four people for their contributions to the writing of this thesis: Cora Arends, Liz Smith, Dhara Gill, and Garry McCue.

The financial support of the Canadian International Development Agency, which enabled me to undertake the work associated with this thesis, is also greatly appreciated.

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CHAPTER I

INTRODUCTION

> Supposing there were sufficient resources and the knowledge of how to apply them to the needs of as many people as happened to be born, the task would remain to provide within the reach and capacity of all the means to achieve, by promotion and control, the family or other unit of their dreams within the community pattern.[1]

Family planning in less developed countries, the general theme of this thesis, is one aspect of the larger issue, development.

International development is currently the focus of considerable endeavour and much discussion. It is variously defined. There is, however, general concensus that development entails economic growth and that the material gains which ensue must be shared throughout the national community.

While it is agreed that a more fair distribution of wealth is a desirable development goal, there is disagreement over the means whereby this can be achieved. Likewise, economic growth is regarded as necessary, but there is controversy over the methods to be employed in its pursuit.

There is also controversy over the pre-conditions for economic development. One point for discussion is the ratio between population size and the nature and quality of resources in a country. There is disagreement over the significance of this ratio for the national economy. Arguments for limiting population growth have arisen from the assumption

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[1]E. Draper, Birth Control in the Modern World (Baltimore: Penguin Books, Ltd., 2nd. Edition, 1972), 24.

that control of such growth is vital to development of the economy.

Thus, among the advocates of family planning are those who claim that because too many children are a hindrance to national economic development, the numbers of children born should be decreased, especially in the poorer countries of the world. In the World Bank Staff Report on Population Policies and Economic Development, 1974, the argument is presented thus:

> Population growth interacts with the economic growth process in a great number of ways. It may reduce the level of savings and investment. The investment that does take place must go to educate and equip a growing labor force, at the expense of raising educational standards or productive capacity per worker.
>
> It is often difficult to disentangle the effects of population growth from the many other influences on economic growth. With hindsight, it often appears that wiser policies might have overcome some of the problems which are often attributed to population growth. Nevertheless, population growth has certainly made many problems harder to solve. Though it has sometimes been suggested that population growth imparts a needed pressure for change and a youthful vigor to the population, this hardly seems relevant in the case of such rapid growth in population and very young age structures now common in developing countries.[2]

Those who view the people-resources ratio in the global, rather than national perspective, also contribute to the arguments for family planning in the less developed countries. For example, Lester Brown (Senior Fellow of the United States Overseas Development Council) presents this case for family planning:

> In an increasingly interdependent world the consequences of continuing population growth affect everyone, regardless of where the growth actually occurs. Each person added to the world's population, however poor, exerts an additional claim on the earth's food, energy, and other resources. Expanding food production requires either fossil fuels or animal draft power.

---

[2]Timothy King, Co-ordinating Author, World Bank Staff Report: Population Policies and Economic Development (Baltimore: Johns Hopkins University Press, 1974), 43. In Chapter III of the same report evidence for believing that population growth is also an outcome of poverty is discussed.

> It also demands growing quantities of fresh water. Land is required for living space as well as for food production. Even minimal needs for clothing and shelter exert additional claims on the earth's resources.
>
> In an earlier age the addition of another person to the existing world population was of little consequence, since resources far exceeded man's wildest visions of potential needs. The supply of primary commodities exceeded effective demand, resulting in chronically depressed prices and markets highly favorable to buyers. Vast areas of fertile land awaited the plow. Petroleum reserves were greater than envisaged needs. Fresh water was in abundant supply, and the earth's capacity to absorb waste far exceeded man's discharge of waste. The regenerative capacity of forests surpassed man's offtake. There appeared to be more fish in the oceans than man could ever hope to catch.
>
> Suddenly all this is changing. The assumption of boundless abundance of raw materials is being replaced by the prospect of chronic scarcity for many vital ones. World markets for energy and protein are being converted from buyers' to sellers' markets. These and other changes, which became abruptly apparent in the early 1970's, suggest that we may be on the verge of one of the great discontinuities in human history.[3]

These, then, are two arguments in support of family planning.

On the other hand, there are those who question the necessity for national family planning programs in less developed countries. Some disagree with the idea that practice of birth control holds so much significance for the health of our planet or for national development. They point to over-consumption which occurs in "under-populated" countries like Canada and the United States. They consider the North American life style a greater threat to the earth than population. Pierre Pradervand of the International Development Research Center (Canada) poses some relevant questions in this regard:

> ...In all this talk about population, it seems that one fairly basic truth has been forgotten: population refers to people. If we claim that there are too many people on earth, then are we so sure we are not the excess ones? We Westerners who in-

---

[3]Lester R. Brown, In the Human Interest: A Strategy for Stabilizing World Population (N.Y.: W. W. Norton and Co., Inc., 1974), 13-14.

dividually consume and pollute as much as fifty or more African peasants?[4]

And as for economic development, high birth rates are regarded as a symptom rather than a cause of poverty. Earlier in the same paper, Pradervand writes,

> It is rather interesting that not a single socialist country in the Third World considers that it has a "population explosion"--or even a "population problem". Some of them have rudely upset Malthusian theories by managing astonishing economic "take-offs" despite population growth rates of 4% per annum (Albania).[5]

Apart from these controversies, however, there is general agreement that child spacing is beneficial to the health of children and mothers. Many medical professionals encourage family planning for this reason alone. The International Planned Parenthood Federation also recognizes effective family planning as an important preventive measure in health care of the family. A recent I.P.P.F. publication states,

> There are health risks, including the risk of infant and maternal death in pregnancies that occur too early in the life of the mother, too often in her life, too close together or too late in her life. These risks exist in every country, no matter how high the level of living or health services may be. They are particularly dangerous in those societies where environmental health conditions increase the risk of infection and disease and where malnutrition is a common result of chronic shortages of food and lack of education in better family living.[6]

Finally, there is also a spreading conviction that family planning is a significant liberating force, vital to development among the female portion of humanity. Margaret Sanger was one early crusader for

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[4]Pierre Pradervand "How to Delay the Adoption of Family Planning", Working Paper No. 1 for African Seminar on Relationship of Population Growth to Economic Development, Dar-es-Salaam, 1974 (Published in The New Internationalist, 1974), 13.

[5]Ibid., 9-10.

[6]I.P.P.F. The I.P.P.F. and the World Population Conference (London: I.P.P.F., 1974), 6-7.

birth control for liberation. In 1914, she wrote,

> My work in the nursing field for the past fourteen years has convinced me that the workers desire the knowledge of prevention of conception. My work among women of the working class proved to me sufficiently that it is they who are suffering because of the law which forbids the imparting of the information. To wait for this law to be repealed would be years and years hence. Thousands of unwanted children may be brought into the world in the meantime, thousands of women made miserable and unhappy.
>
> Why should we wait?
>
> Shall we who have heard the cries and seen the agony of dying women respect the law which has caused their deaths?
>
> Shall we watch in patience the murdering of 25,000 women each year in the United States from criminal abortions?
>
> .....
>
> Shall we look upon a piece of parchment as greater than human happiness, greater than human life?
>
> Shall we let it destroy our womanhood, or hold millions of workers in bondage and slavery?[7]

More recently, in acknowledgement of International Women's Year (1975), the Food and Agriculture Organization of the United Nations produced a publication entitled "The Missing Half". Therein it is pointed out that,

> For rural woman in developing countries, life is a gruelling affair. Family planning, labour-saving devices, any kind of amenities have usually barely been heard of. Despite her physical limitations, frequent pregnancies and often chronic mal- and undernutrition, she has to perform most of the exhausting and time-consuming unskilled tasks involved in running an unmechanized agriculture (including casual labour and transport of the cash crops for the men). She fetches water from distant wells, collects and carries heavy loads of firewood and performs the tiring chore of pounding rice and palm fruit, as well as cooking on primitive hearths and looking after the children.[8]

The publication goes on to state that high fertility is often not the result of a free choice on the part of the individual. "It usually goes hand in hand with the low status of women, with the lack of

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[7]Margaret Sanger, My Fight for Birth Control (N.Y.: Farrar and Rinehart, 1931), 94-95. The passage is taken from the letter written just before Sanger fled America for Europe to escape an importune trial.

[8]F.A.O. The Missing Half: Woman, 1975 (Rome: F.A.O., 1975), 11 and 16.

educational and employment opportunity and with poverty, overwork and drudgery." High fertility is identified as both cause and consequence of the condition of women and family planning is advocated as part of the overall strategy needed for socially balanced rural development.

But whether family planning is advocated for the economic good of the nation or for improved health and a better life for individuals,[9] it is invariably a complex and delicate business because it touches so many personally vital matters, among them religious beliefs, financial circumstances and social expectations.

Roman Catholicism is the religion most often identified with staunch opposition to birth control. In 1960, Hauser wrote,

> They are two widespread international value systems which actively oppose birth control measures. One is the Marxist.... The other is that of the Roman Catholic Church....[10]

The socio-economic context of life also influences readiness to practice birth control. In the introduction to their Taiwan Study, Freedman and Takeshita state that,

> ...Most observers agree that some minimal changes in mortality and in social and economic levels are probably needed to stimulate more extensive practice of birth control and a declining

---

[9]I personally am in favor of family planning because it facilitates the liberation of parents from their traditional roles. I also consider family planning a humane and necessary response to the effects of longevity. I regard knowledge about family planning as desirable for all people: those who wish to practice birth control have a right to be educated in family planning techniques and to have accessibility to whatever aids they choose to employ.

[10]Philip M. Hauser, Population Perspectives (New Brunswick, New Jersey: Rutgers University Press, 1960), 163. E. Draper, (203), in a more recent assessment of the attitudes of different religions concludes, "...There is a general feeling that the stuffing is out of the argument, that practice of contraception is common where means are available, and that it is only a matter of time before there is redefinition in Rome."

birth rate.[11]

According to another exponent of this point of view,

> If contraception is to be employed on a large scale, it is essential that new antinatalist motivations should replace the pronatalist motivations which are still those of the majority of the inhabitants of the Third World today. These new motivations will come about quite naturally, as in Europe in the nineteenth century, with the changing of socio-economic structures and improved living conditions: a drop in mortality, rising standards of living (from which would follow increased material needs constituting a deterrent to the desire for numerous offspring) and above all stability of employment (which gives people the opportunity to save, and in consequence to plan their family life), emancipation of women, higher levels of education and good sanitary infrastructure offering contraceptive services in every country.[12]

Likewise, the socio-cultural context of life greatly affects fertility behavior. Banerji writes of the Indian program that perhaps its greatest mistake has been to grossly overestimate the effectiveness of the "motivators" and to grossly underestimate the resistance that was to be encountered in motivating the community as a whole--in getting a small family norm accepted as a social and cultural norm in the community.[13]

Freedman and Takeshita outline the complexity of the issues which arise when couples in less developed countries consider family planning. It is often thought that once traditional taboos and policy restrictions are removed, couples will be "waiting on the doorstep" to receive the information and the service they want. This is seldom the case.

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[11]R. Freedman and John Y. Takeshita, Family Planning in Taiwan (New Jersey: Princeton University Press, 1969), 7.

[12]Pierre Pradervand, "The Best Pill is Development", Ceres VI (Nov.-Dec., 1973).

[13]D. Banerji, Family Planning in India (New Delhi: People's Publishing House, 1971).

> ...Even where a large number of couples are under such pressures that they want no more children, many of them need help to define both the nature of their problem and the possible solutions. Even when they come forward to accept information and services they may not use contraception regularly or effectively, because their desired goal of limiting family growth must contend with conflicting traditional values or fears about the consequences of new behavior. Some of the couples are more ready than others because they have already experimented with some method of restricting family growth. The approach and the result will depend also on the stage of family growth already reached, the literacy of the couples, whether they live in an extended family with their parents, and a host of other factors.[14]

All this provides some indication of the nature of the family planning issue in less developed countries.[15] It is a matter which must be examined in the broader context of international development. It is surrounded by academic controversy. It is personally sensitive. And, it is of special concern to women.

A. Selection of Topic

My first experience with the desire for family planning and the provision of family planning services in a less developed country occurred while I was a teacher in Tanzania.

As I remember it, one day Mama M., a neighbor whom I was visiting, asked me a series of questions: How old was I? How long had I been married? How was it that I had no children? It seems to me that she also asked me whether I wanted children, whether I could have them, and when I would have them. I replied that I was twenty-five, that I had been married five years, and that I did want children but that I intended to have them later. I also explained that I was preventing conception by using a certain dawa or medicine (for want of a better word).

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[14] Freedman and Takeshita, 9.

[15] A good introduction to the subject is presented by J. Mayone Stycos, in Ideology, Faith, and Family Planning in Latin America (N.Y.: McGraw-Hill Book Co., 1971), Chapter II.

We talked at some length about the medicine. What did it look like? Did it make me sick? Did it cause me any pain? Could I have children after taking it? When did I take it? Was it expensive? How much of it did I have? Would I give her some?

I then tried, in my miserable Swahili, to explain as best I could that one must obtain the medicine from a doctor, that one could not simply share it with friends, that one must be examined before using it, and that one must use it, if at all, with care. Mama M. indicated that she would like to see a doctor and obtain some medicine for herself.

I made some inquiries and found out that one of the local hospitals offered family planning services. The day was appointed and Mama M. was to go for an examination. I helped her arrange the visit to the hospital.

She had to travel five miles into town. Once there, she had to catch a bus from the town center to the hospital, another three miles away. She would wait for an hour or more for her interview and examination. Then, she and the breast-fed baby who accompanied her wherever she went, would return home, having spent the whole day on the expedition. There were two alternatives to her attending that particular hospital's clinic. In one case, she would have had to take a bus ride lasting several hours; in the other, she would have had a much longer wait once she arrived at her destination. The chosen clinic, therefore, was the least inconvenient.

Soon after the appointed day, I stopped by Mama M.'s home to ask whether she had, in fact, gone to the clinic and what was the outcome of her visit. She replied that she had, indeed, gone and that she was to return there in so many days' time, at which point she could receive her

own medicine (or whatever, since that clinic, like others, prescribed a contraceptive considered by the doctor as most suitable for the client and not simply the pill.)

But she never did go back. She told me soon afterward that her husband did not want her to practice birth control.

I remember that from the outset she had asked me not to tell Bwana what we had talked about and what she was intending to do. And I assured her that I would not. But somehow he found out or else perhaps she told him herself. I wondered what he would think of my involvement in the matter. But I could discern no change in his attitude toward me after that time.

During the course of these conversations and events, I gained a notion of some traditional contraceptive and abortive practices from Mama M. They sounded painful, if not harmful. I do not remember her telling me whether they were reliable; nor do I know whether she ever used them herself.

The whole incident made a strong impression on me, partly because Mama M. is not one of the educated elite among Tanzanian women. Although her husband's work had brought her near an urban center, for most of her life her home had been a village. She could neither read nor write. Her family was the center of her existence. Her primary responsibilities were her husband's comfort and the care of her four children. Many women in Tanzania are like her.

Family planning information is not readily available to these millions of women, family planning clinics are not easily accessible to them, and acting in their own best interests is often hindered by members of their immediate families.

In order to meet the family planning needs of women like these, reliable information must be more widely distributed. Clinics must be more conveniently located, regularly open and adequately staffed. Attitudes of husbands must be changed. These are the concerns which led me into research on family planning in the Third World.

B. Development of Thesis

I was aware, before I began my research, that there are numerous national family planning programs in the less developed countries and I expected that these would be addressing themselves to the needs of women like those in Tanzania. Investigation revealed that the programs did not meet this expectation. Regarded by many governments as strategies for economic development, these programs were directed toward "servicing" the greatest possible number of people. They showed little evidence of considering family planning, first and foremost, a human right, with all that is implied. National family planning programs implemented in the interests of economic development rarely acknowledge the humanistic concerns related to family planning. For this reason, the approach to family planning which they represent seems inappropriate.

What is preferable, in my opinion, is a humanistic approach to family planning. This is its basic premise: all couples should have the knowledge and means of birth control so that they can decide upon their number(s) of offspring. By contrast, the widely accepted rationale for existing family planning programs is based upon the assumption that family planning is necessary for national economic development. Although these two starting points need not be mutually exclusive, in practice the latter one has permitted a considerable divergence from the ideals represented

by the former.

Among the vital concerns which have received relatively little attention from family planners are the conflicts existing between the practice of family planning and some people's religious beliefs or the social contexts of their lives. Also among these are the important matters discussed in the second chapter of the thesis.

The literature reflects the family planners' tendency to give numbers priority over people and it is only recently that some hopeful trends have emerged.

In this thesis, firstly an attempt is made to illustrate the source and extent of this problem: that existing family planning programs present a model inappropriate for a humanistic approach to family planning. Secondly, the thesis presents some guidelines which can improve existing programs and facilitate the planning of better ones, in humanistic terms. These guidelines derive primarily from my analyses of community development experience in less developed countries and some new trends in family planning.

The matter of program effectiveness, defined in conventional terms as numbers of acceptors, decline in birth rates, et cetera is not dealt with here. Effectiveness requires redefinition for this thesis. It has to do with the extent to which a family planning program facilitates a couple's decision about conceiving children. Effectiveness in these terms is not quantifiable. Nevertheless, it deserves our attention and efforts.

This thesis, then, addresses itself to a serious problem existing in family planning programs and outlines the elements of a possible solution.

C. Objectives of Thesis

The specific objectives of the thesis are:

1. To describe and analyse the rationale for the implementation of family planning programs in less developed countries.

2. To identify humanistic concerns associated with these family planning programs but rarely considered in program planning and implementation.

3. To examine programs which have evolved from the family planning rationale and to evaluate their potential for a humanistic approach to family planning.

4. To analyse the community development experience in less developed countries and to determine how it might contribute to the improvement of family planning programs.

5. To analyse current trends in family planning and to identify those which can contribute to a humanistic approach to family planning.

6. To identify guiding principles for the improvement of existing family planning programs and the planning and implementation of better ones in the future.

D. Sources of Data

My central concern--a humanistic approach to family planning--does not lend itself to quantification. And, although some empirical data has been used herein, such data do not comprise a primary source. The data used in the preparation of the thesis derive from the literature and my own varied experiences in less developed communities and in family planning-related activities. The subsequent formulation of im-

pressions, rather than empirical analysis, has provided the stimulus for production of the thesis.

An abundance of general family planning and community development literature is readily available. What is well-known was read and, concurrently, an attempt was made to find and read material critical of the mainstream thinking in both fields. It was assumed that this strategy would present an accurate overview of the relevant intellectual action as well as a reflection of what was going on in the field. This did not entirely prove to be the case.

Available data on programs I reviewed were limited and I was not able to observe all of the programs. (The particular limitations of the program data are described in detail at the beginning of Chapter Three.)

My involvement with family planning was especially useful in writing the thesis. The two years I spent doing social work in Canada provided an introduction to many of the personal dilemmas associated with human sexuality and reproduction. The two years I lived in Tanzania afforded me an opportunity to witness similar dilemmas experienced by people in a different cultural, economic and political setting.

More recently, I attended the Population Tribune which was held in conjunction with the United Nations World Population Conference in Bucharest (August, 1974). There I heard many internationally renowned individuals speak about population-related topics, including many issues associated with family planning. I also participated in discussions with family planning program administrators, field workers, volunteers and other interested individuals from many different parts of the world.

Then, during the course of my fieldwork in September, October and November, 1974, I had the opportunity to assist mobile teams from the

Kilimanjaro Christian Medical Centre with their mother-child health effort. The days spent working with doctors, nurses and other personnel made it possible for me to observe at firsthand the operation of an integrated family planning program in one region of Tanzania. And with the administrator of the Community Medicine Department at the Medical Centre, I discussed this as well as other efforts underway in other parts of the country.

The breadth of my exposure to other people involved with family planning has been a valuable asset for dealing with this subject. It has facilitated my identifying main currents of thought and has vividly presented the problems experienced by those working in the field. But the most significant impact of all is the one which was made by mothers and children I met on the slopes of Mount Kilimanjaro.

I met these women, most of them young, when they came to have their babies weighed and examined by the mobile medical team of which I was a member. They were taking advantage of a newly organized service, a mother and child health clinic regularly held by teams which came from one of the hospitals in the town of Moshi. Many of the women were making their monthly visit (the clinics have been carried on for more than a year); others were coming for the first time. Concern for their children was evident on all faces. Some women also looked very tired--walking several miles with a baby on your back, a toddler in your arms, and another youngster trailing behind is no easy task.

Most of the babies were well, a few were ill and others, according to the co-ordinator of mobile clinic activities, were malnourished.

The problem of malnourishment among these children was a new one which had aroused considerable concern among the medical personnel from

the town. They felt it was serious enough to warrant a combined effort on the part of various personnel in the region--in addition to themselves, the agriculturists, political leaders, women's workers and others. This group requested and were granted permission from the central government to organize a special nutrition campaign in an attempt to make people aware of the often invisible problem of malnutrition and to teach them how to avoid it in the future.

Malnutrition among young children had previously been rare in the region, explained a Director of Community Medicine who was instrumental in organizing the campaign. But statistics gathered by her hospital staff over several years showed the problem to be on the increase at a surprising rate.[16]

Those involved in the campaign attributed the increasing incidence of malnutrition to a combination of factors.

The people of the region are growing more and more cash crops, taking up for coffee the land which had previously grown traditional green vegetables and citrus fruits or animal fodder.

Space is becoming more and more precious because the mountain slopes are getting crowded. The Wachagga[17] prospered and thrived there. Many sons and daughters have settled and tend farms near their parents. But people are learning that Kilimanjaro's resources and space are not unlimited. With every generation, individual plots of land get smaller: now they are often not adequate for meeting a family's needs. Yet there

---

[16]In mid-1974, one in four of the children brought to hospital for any reason showed serious protein deficiency.

[17]The Wachagga are the primary tribe in the Kilimanjaro Region.

is really no place else to go and the towns do not offer many better opportunities for making a living.

The women work even harder than they did before. Each day they and the older children must walk from farms on the upper slopes to cut and gather green feed from lower down. Then they load heavy bales onto their heads and carry them home for the cattle.

Although they work hard, women do not always eat well for even among the Wachagga, a progressive group in Tanzania, men usually receive the best and largest portions of food. For pregnant women, malnutrition and undernourishment can have very serious consequences.

Knowledge about nutrition is limited. Many necessary items in the traditional diet have gone by the way with the development of a cash crop economy, but new, good eating habits have not yet replaced the old.

All these things, then, help to create the problem of malnutrition among the children and other problems faced by those young women I observed. The thought which occurred to me at that time is one which has been reconfirmed in my mind many times since: If any one of these women wishes to ease the hardships in her life by having fewer children, then she deserves to have access to the knowledge and means to do so.

The way in which I perceive the lives of people like these women of Kilimanjaro has greatly influenced the organization and presentation of the data collected and examined in this thesis.

E. Organization of the Thesis

The next thesis chapter presents a brief history of the family planning movement, then describes and analyses the family planning ra-

tionale which co-exists with this movement. There are certain important issues closely related to family planning which have been overlooked in the rationale and these are also discussed in Chapter Two.

Despite the shortcomings identified in the second chapter, the family planning rationale has justified the spread of family planning programs in less developed countries. Chapter Three examines six such programs which operate in Africa. These programs are evaluated in terms of their potential for a humanistic approach to family planning. A good family planning program, defined in terms of this approach, is described in the first part of the third chapter. The chapter's concluding portion points out the limitations of programs based upon the family planning rationale, which prevent their coping adequately with humanistic concerns.

The problem having been thus illustrated, the search for a solution begins.

Chapter Four presents the results of a review of community development literature, a search for those ideas which might improve existing family planning programs and guide the implementation of better ones in the future.

Chapter Five analyses current trends in family planning with the same purpose in mind.

The final chapter summarizes, in a set of principles, selected contributions to my proposed model for a humanistic approach to family planning. It also describes another African family planning program, one which embodies these principles. The final statement briefly evaluates the thesis in terms of its stated objectives.

CHAPTER II

RATIONALE FOR FAMILY PLANNING PROGRAMS IN LESS DEVELOPED COUNTRIES

> No problem--whether it be housing, education, food supply, recreation, communication, medical care--can be effectively solved today if tomorrow's population increases out of proportion to the resources available to meet those problems.[1]

This chapter firstly establishes that family planning programs in less developed countries will continue, in the future (as they have in the past), to increase in size and number. Because these programs exhibit certain undesirable characteristics, it is necessary to examine them carefully, beginning with the reasons for their extensive implementation. In the second part of the chapter, the family planning rationale is analysed and its consequences more fully described. Finally, some important things which the family planning rationale overlooks are discussed.

A. Family Planning Efforts: Past and Future

Two trends are discernable in the brief history of family planning.[2] One is that the family planning idea is gaining popularity in Africa and elsewhere; the other, that the family planning movement is

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[1]American Public Health Association, Family Planning: Guide for States and Agencies (N.Y.: A.P.H.A., 1968), viii.

[2]The following authors, together, present a good overview of family planning: i) D. V. Glass, "Population Growth and Population Policy", Public Health and Population Change, Eds. Mindel C. Sheps and Jeanne Clare Ridley (Pittsburgh: University of Penn. Press, 1965), 3-24. This author,

gaining momentum.[3]

Increasing Popularity of Family Planning

In the past ten years the number of family planning programs, both official and unofficial, in less developed countries, has increased significantly upon the initiative of governments and private organizations.[4] According to World Bank sources, bilateral, multilateral and private organizations devoted about $2.8 million to family planning-relating activities in the early sixties. In 1971, the amount was $225 millions.[5]

The attractiveness, to governments in the poor countries, of implementing a national family planning program is explained later in the chapter. Here, some evidence of the popular demand for family planning services in Africa is presented.

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in dealing with the question, "How far can demographers...offer pertinent suggestions about the kinds of action which may help to produce the desired changes in population growth?'", situates family planning in the context of population policy and change in the West as well as in developing countries. ii) T. E. Smith, "Historical Perspectives" and "Developments in the Sixties", Family Planning in the Third World, Ed. T. E. Smith (London: George Allen and Unwin Ltd., 1973), 13-49. This author, focusing upon the Commonwealth countries, describes what has happened in several African States. iii) Richard Symonds and Michael Carder, The UN and the Population Question 1945-70 (New York: McGraw-Hill Book Co., 1973). The authors present the way in which UN policies on population have evolved, thereby describing the family planning debate in an international forum.

[3]B. Berelson, "The Present State of Family Planning Programs", Studies in Family Planning, No. 57 (Supplement, September, 1970), 2. Berelson observes that, "...In the past decade there has been what can only be described as a great upsurge in awareness, interest, and policy determination in 'the population problem' on the part of policy makers."

[4]D. Nortman's "Population and FPPs: A Factbook", Report on Population Family Planning (N.Y.: Population Council, 1974) illustrates this point.

[5]World Bank, Population Planning, Sector Working Paper (Mar., 1972), 73.

Popular Demand

Dow, in his typology of family planning adoption, concludes that north and tropical Africa are areas in a transition stage, the stage wherein there are many "...individuals who hold conflicting views on the question of family size, or who have resolved this conflict but cannot achieve the desired number of children."[6] He describes the situation in tropical Africa this way:

> The fertility of tropical Africa is higher than that of any other major region. With a birth rate of approximately 50 per 1,000 and a total fertility rate of 6.5 children per woman, sub-Saharan Africa is undoubtedly the world's most fertile area. Moreover, this observed fertility is consistent with the desires of the population. In general, "ideal" family size figures are equal to or higher than actual fertility, with almost all values falling in a range between six and seven children. At this level of fertility, it is hardly surprising that less than ten per cent of most survey populations had ever practiced contraception.
>
> Were this the only evidence available, one would have to conclude that there is little prospect for fertility control in tropical Africa. In fact, however, there are significant indications that present family patterns are under serious stress, which may result in a substantial decline in actual and desired fertility.[7]

Dow then sites five factors at variance with observed fertility.[8] These are:

1. Evidence of marginality.

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[6]Thomas E. Dow, Jr., "Family Planning: Theoretical Consideration and African Models, Journal of Marriage and the Family XXX (Dec., 1973), 253. Dow's conclusion is based primarily upon John C. Caldwell's summary and analysis of various surveys carried out in Ghana, Nigeria, and Kenya, 1963-1968. In the second section of this chapter, the validity of such surveys as these is questioned; here, the emphasis is upon Dow's interpretation of the findings rather than upon the findings themselves. Dow's theory of transition implies that the demand for family planning information and services will continue to increase among African populations.

[7]Ibid., 254.

[8]Ibid., 254-255.

Dow describes two patterns of marginality which are "surprisingly prevalent" in tropical Africa: i) there are people whose opinions on family size and family planning are at variance with one another, and ii) there are people whose opinions are consistent but not acted upon. These two groups, whose fertility behavior is neither "traditional" nor "modern", are described as marginal.

ii. Approval of and interest in family planning.

Dow states that although approval of family planning varied greatly, tending to include a majority of the informed respondents in the urban samples and substantially fewer in the rural, "...more people in each survey approve of and desire to learn more about family planning that actually practice it."

iii. Desire for family limitation.

In all surveys in which this question was asked, the proportion wanting no more children varied between 20 and 30 per cent. Dow says that although this proportion only reached a majority at higher age and parity levels, it was significant among lower age and parity women as well. He points out that once again, the level of contraceptive use was not commensurate with the expressed desire for control.

iv. Knowledge of contraception.

Roughly half the respondents in most surveys had some specific knowledge of birth control and from this Dow concludes that evidently knowledge is not equivalent to use, in the African context.

v. Awareness of the difficulties connected with high fertility.

Dow says the responses indicated that most parents were aware of such difficulties.

Almost all respondents were able to designate at least one

> serious disadvantage related to a large number of children. The most frequent objection was that a large family would constitute an economic burden of one kind or another. Support for this position ranged from 44 to 87 per cent and frequently centered on the difficulty of meeting school fees.

Uche expands on this point.

> Sub-Saharan Africans...recognized the handicaps of a large family. The overwhelming fear was ECONOMIC--increased costs of education, that is, school fees, school clothes and equipment; feeding and housing extra people. Secondary concerns were RESIDENTIAL or APARTMENTAL POLLUTION, that is, congestion, noise, interpersonal and inter-neighbor discord....[9]

(The surveys were obviously conducted in centers where there are schools.)

Elsewhere a distinction has been drawn between North and Tropical African attitudes. Pradervand interprets Caldwell's data, as well as his own, to conclude that, at present, North of the Sahara attitudes toward family planning are more favorable than they are in sub-Saharan Africa. And he is confident that attitudes will become more favorable toward family planning in all areas as the social conditions which created traditional attitudes change.[10]

These researches and interpretations indicate the existing popular interest in family planning. That this interest will likely increase as modernization and development continue is the consensus among demographers and others.

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[9]Uche, Chukwudum, "Population Problems and Family Planning in Africa", Sociologia Ruralis XII:3-4 (1972), 424.

[10]Pierre Pradervand, Family Planning Programs in Africa (Paris: Development Centre of the Organization of Economic Co-operation and Development, 1970).

Government Interest

Government interest in family planning derives from a number of sources. Significant among them are the widespread belief that limiting population growth is necessary for economic development and the availability of international aid for population programs. The factors which influence governments favorably toward family planning programs are fully discussed below. Suffice it to say, here, that given the extent of current concern with population increase and endorsement of the family planning rationale, governments in less developed countries will be establishing and expanding family planning services, years hence.

The national family planning program, therefore, is and will probably continue to be the vehicle employed for delivery of family planning services. Three questions come immediately to mind: What is the nature of existing family planning programs in Africa? Do they meet the existing need, defined in terms of general interest in family planning? Have they the capacity to respond to changing needs in the future?

Tendency Toward the "Hard Sell"

These questions are partly answered when one considers the other trend in family planning: an increasing tendency toward the "hard sell"; that is, toward mass persuasion of people to limit the size of their families by whatever means are suggested to them and provided. In Rogers' history of national family planning programs,[11] various aspects of this trend become apparent.

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[11]Everett M. Rogers, Communication Strategies for Family Planning (N.Y.: The Free Press, 1973), Chapter III. See Appendix I.

The major assumptions underlying the three family planning eras, as identified by Rogers, move from confidence that people will seek out contraceptive services, to a belief that people need to be persuaded to do so. Accordingly, "the main perceived constraint to greater program effectiveness" becomes inadequate demand; the major program activity, to motivate more effectively through various means. It seems that now there is something "wrong" with people who do not limit their families and it has become "right" to somehow make them do so. The emphasis, then, has gone from information to motivation. Previously it was assumed that, given adequate information, people could make sound decisions; now, it is felt that those who are reluctant must be prodded to act.

Motivating, according to Rogers, has more to do with communication than anything else, socio-economic change included. Rogers and others like him tend to over-estimate the power of the media and personal persuasion, neglecting the cultural, economic and social contexts of fertility behavior.

This under-emphasis of the influence of socio-economic conditions upon fertility behavior[12] makes the "hard sell" approach suspect and presents one good reason to study carefully existing family planning programs, beginning with the rationale which legitimizes them in less developed countries.

B. The Family Planning Rationale

The family planning rationale is based upon three things, namely:

i. The theory of the relationship between population growth

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[12]See Geoffrey Hawthorn's The Sociology of Fertility (London: Collier-MacMillan Ltd., 1970) for a discussion of the social causes of fertility.

and economic growth.

ii. The assumption that it may be easier and cheaper to decrease rate of population growth through a family planning program, thereby decreasing the strain on the economy, than to bring about socio-economic structural changes which would facilitate economic development.

iii. The tendency to believe that family planning programs do indeed significantly contribute to population decrease.

Of course, these three are interrelated. If family planning is regarded as desirable for the national economy and the practice of family planning by most of the population is regarded as likely, then programs will be established. If established programs seem successful, then this is another reason why new programs should be established, and so on. I recognize the extensive interrelationships of these ingredients of the family planning rationale but the following critical analysis deals with them individually in order to focus attention upon the shortcomings peculiar to each.

The Relationship Between Population Growth and Economic Growth

> The thesis that a high rate of population growth inhibits economic development in the less developed countries has become widely accepted. The inhibitory effect of high population growth rates on the development of the low income economy is taken to be a general one which operates regardless of whether the economy suffers from additional problems such as acute shortage of arable land or other key resources not easily expanded, and it is believed that under present conditions in less developed countries, high rates of population growth entail costs: lower rates of economic growth than would otherwise be possible, lower rate of consumption, and greater dependence on foreign aid, in varying combinations.[13]

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[13]Harry M. Raulet, "Family Planning and Population Control in Developing Countries", Demography VII (May, 1970), 217. The classic

This demographic-economic thesis derives from neo-Malthusian economics. The ideas of this school of economic thought are summarized by Lewis.[14] Briefly, the "...new conventional wisdom about underdeveloped countries holds that the inability of poor countries to form capital is the overwhelming restraint on their productive expansion."[15] Lewis goes on to say,

> ...This most popular of current development theories which is a direct descendant of some highly simplified capital-oriented "growth models" produced by Western economists during the nineteen forties, prescribes as clearly as it diagnoses. The way to start raising per capita income is to break the savings bottleneck and step up investment. (One sometimes feels that almost any kind of investment will do.) And there are two ways to do the latter; tighten belts domestically or bring in foreign capital (public and/or private) as a supplement to domestic saving. ...The savings-centered theory's gross over-simplification of the development process is misleading..., first because of its unwarranted assumption that the volume of total investment is the only important, or at least the only readily variable, determinant of productive expansion. In India...[for example] the really problematic issues for development are certain specific needed inputs of commodities, skills, organization, and foreign exchange.[16]

This economic theory is strongly reflected in the views prevalent among family planning professionals.[17] But it should be noted that

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case for fertility control in the interests of economic development is presented by A. J. Coale and Edgar M. Hoover, in Population Growth and Economic Development in Low Income Countries: A Case Study of India's Prospects (Princeton, New Jersey: Princeton University Press, 1958).

[14]John P. Lewis, The Quiet Crisis in India (New York: Doubleday and Co., 1964), as quoted by Raulet. For an example of savings and investment-centered economic development theory, see A Theory of Economic-Demographic Development by Harvey Libenstein (Princeton: Princeton University Press, 1954).

[15]Lewis, 32.

[16]Ibid., 221.

[17]This is the conclusion reached by Raulet, Demography VII, 221. He recommends B. Higgins' Economic Development (N.Y.: W. W. Norton and Co., 1959), 409-431, for a good summary of these views.

Kuznets[18] and others[19] have already taken economic theory beyond this formula for development. Nevertheless, from out-moded, neo-Malthusian economic thinking derives the generally accepted theoretical relationship between population growth and economic growth.

Raulet presents a sketch of this theory, the basic ingredient of the rationale for introducing family planning programs in the less developed countries:

> All things being equal, the higher the rate of population growth, the greater is the material capital requirement to sustain the same rate of growth in per worker and per capita product, since the larger work force will require more capital just to keep its productivity from falling relative to the previous period. Presumably, the outcome of the higher rate of population growth relative to the smaller is a need for a larger amount of imported capital, lowered rate of increase of per capita consumption, and lowered rate of increase in per capita output, in varying combinations.[20]

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[18]See Modern Economic Growth by Simon Kuznets (New Haven: Yale University Press, 1966). For Kuznets' challenge to a neo-Malthusian interpretation of the population problem in the less developed countries, see his articles "Population and Economic Growth", Proceedings of American Philosophical Society No. 111 (1967), 170-193 and "Economic Aspects of Fertility in the Less Developed Countries" in R. Freedman et al, Eds., Fertility and Family Planning: A World View (Ann Arbor: University of Michigan Press, 1969).

[19]Raulet, Demography VII, 22 also cites the following as contributors to more recent economic development theory: i) J. W. Kendrick, Productivity Trends in the U.S.A. (Princeton: Princeton University Press, 1961). ii) Theodore Morgan, "Investment Versus Economic Growth", Economic Development and Cultural Change No. 17 (1969), 392-414. iii) Gunnar Myrdal, Asian Drama: An Inquiry Into the Poverty of Nations III (N.Y.: Twentieth Century Fund, 1968), 2068-2075. iv) W. Salter, Productivity and Technical Change (Cambridge: Harvard University Press, 1966). v) T. W. Schultz, Transforming Traditional Agriculture (New Haven: Yale University Press, 1964). vi) Robert Solow, Capital Theory and Rate of Return (Amsterdam: North Holland Publishing Co., 1963). vii) _____, "Technical Progress, Capital Formation and Economic Growth", American Economic Review No. 52 (1966), 91-97. viii) _____, "The Capacity to Assimilate an Advanced Technology", American Economic Review No. 56 (1966), 91-97.

[20]Raulet, Demography VII, 219.

Raulet then comments,

> It is interesting that modern economists have tended to reject the principle that there are fixed Malthusian limits to economic development imposed by land or other natural resources, primarily on the basis of recent Western experience with qualitative advances in technology. But the Malthusian trap which is now generally eschewed by economists re-emerges in the position taken by some that control of population growth is a sine qua non for economic transformation and sustained economic growth in major less developed countries.[21]

Family Planning, Short-cut to Development

Dudley Kirk's is an opinion representative of those based on the assumption that family planning is a relatively easy and inexpensive development strategy. Kirk observes that, increasingly, people among all cultures and strata appreciate that man can control his destiny over births as well as deaths. Kirk declares that almost everywhere there is interest in controlling family size and a substantial market for contraceptive knowledge, materials and services exists.

In the same article,[22] Kirk concludes,

> With knowledge rapidly becoming available for individual couples to exercise voluntary control over births, fortified by government approval and assistance in supplies and medical services, it is quite possible that family planning may progress more rapidly than some other forms of socio-economic advance. Several non-European areas of different cultures and relatively low per capita incomes (notably Taiwan, Korea, Singapore and Hong Kong; Soviet Asia and the western provinces of Turkey; and Argentina and Uruguay) already give clear evidence of reductions in birth rates. Given the favorable attitudes found in KAP [Knowledge, Attitude and Practice] surveys, family planning may be easier to implement than major advances in education or the economy, which require large structural and institutional changes in the society as a whole.

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[21] Ibid., 217.

[22] Dudley Kirk, "Prospects for Reducing Natality in the Underdeveloped World", The Annals of the American Academy of Political and Social Science CCCLXIX (Jan., 1967), 50. When he wrote this, Kirk was Demographic Director of the Population Council, New York.

KAP Surveys

Kirk cites the results of KAP surveys as evidence supporting his opinions. Yet a methodological critique of the same discloses problems of reliability and validity.

Stycos, a pioneer in the field of KAP surveys has candidly acknowledged that, "The most important function of such surveys is similar to any market research product: to demonstrate the existence of a demand for goods and services, in this case birth control."[23]

For this reason, the surveys have been labeled "ethnocentric polling techniques".[24] They are used on a broad, cross-cultural scale, but are they really conducive to scientific research?

Pradervand continues to build the case against KAP surveys:

> It is also my opinion that the attitudinal aspect of these surveys represents, from a methodological point of view, exceptionally poor research, and a growing number of specialists are expressing their skepticism concerning the validity of many of these surveys. Poorly trained interviewers are sent to question rapidly and in a totally artificial setting illiterate women on problems they have never heard about before. The questionnaires are often written by foreign experts who know little of the local culture, do not speak the local languages or dialects, and have often lived only a few weeks in the country. The results of such surveys tend to become self-fulfilling prophesies, and they nearly all show, in varying degrees, that the people interviewed have favorable opinions toward family planning.[25]

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[23]J. M. Stycos, "Survey Research and Population Control in Latin America", (in Sample Surveys and Population Control by B. Berelson et al, Eds.), Public Opinion Quarterly No. 28 (Fall, 1964).

[24]Pierre Pradervand, "The Ideological Premises of Western Research in the Field of Population Policy", Working Paper No. 3 for African Seminar on Relationship of Population Growth to Economic Development, Dar es Salaam, 1974, (Paper Prepared for African Population Conference, Accra, 1971), 8.

[25]Pradervand, Working Paper No. 3, 9.

Pradervand points out that not one of these surveys in Africa has even broached the problem of infertility, yet many more women are preoccupied with infertility and sterility than with contraception. "By simply omitting a topic, these surveys...convey a very biased picture of the real fertility aspirations of African women."[26]

Even if one accepts the responses of KAP surveys "...as valid initially until they are tested by effective, persistent, all-out service and information effort,"[27] it is necessary to ask what the studies indicate. For although "the KAP survey results are seen as an indication of widespread readiness in the populations of the less developed countries to begin the practice of family planning when materials and information are made available to them,"[28] they do not indicate widespread adherence to a small family ideal in the less developed countries.[29]

Thus far, it is apparent that the readiness to practice family planning in the less developed countries is not yet firmly established and that preferred family size may be large enough to maintain high population growth rates, even if couples did plan their families. Decreasing the rate of population growth through a family planning program, therefore, cannot be an easy task. Nor is it cheap. "...The real costs of population control, defined not as the simple marketing of pills and loops but as creating also the whole motivational basis for contraception,

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[26] Ibid.

[27] Ronald Freedman, "Family Planning Programs Today", Family Planning and Population, B. Berelson et al, Eds. (Chicago: University of Chicago Press, 1965), 813.

[28] Raulet, Demography VII, 227.

[29] W. Parker Maudlin, "Fertility Studies: Knowledge, Attitude, and Practise", Studies in Family Planning No. 7 (Jun., 1965), 6.

...[are], the costs of real development."[30]

Success of Family Planning Programs

Raulet summarizes current opinions about the success of the family planning programs in this way:

> At one extreme there are those who claim that family planning programs have been demonstrably effective in major cases in less developed countries, and that the principal remaining barriers to rapid reduction of fertility in most of the underdeveloped world are administrative hesitation and inefficiency among family planning organizations, insufficient government support, and the like. At the opposite extreme there are those who, for various reasons, question the evidence for success of family planning, question the relevance of these successes, even assuming they are valid, for projections of trends in most of the underdeveloped world, and who, in general, express less than sanguine attitudes about the demographic future and family planning's capacity to influence this. The center of gravity of opinion within the family planning movement seems to be considerably closer to the former pole than to the latter.[31]

Raulet attributes this positiveness among family planners to two things, namely, i) interpretations of the KAP surveys and ii) the politics of the movement. The former were discussed in the previous section. Here, I continue to quote Raulet regarding the latter.

> The extent to which the present tendency toward optimism reflects a need to protect the investments in the large number of family planning programs initiated around the world in the past eight years is, of course, difficult to decide. Family planning professionals remember the difficulty experienced in getting commitments to population policies and programs abroad and at home and feel that the reputation of the family planning programs for success is important to maintenance of the present momentum of the movement.[32]

The desire to safeguard investment in family planning can undoubted-

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[30]Pradervand, Working Paper No. 3, 5.

[31]Raulet, Demography VII, 226.

[32]Ibid., 227.

ly distort evaluations of program effectiveness by those involved with them--professionals and officials, alike.

Discussion

Adherents to the family planning rationale generally support and promote the family planning program as a development strategy, but the degree of importance attached to family planning varies.

Some economists say, "A successful development program must depend on a positive population policy [i.e., a policy whereby the growth rate of the population is controlled] under a sufficiently high rate of technical progress in agriculture."[33] [Underlining mine.] On the other hand, an O.E.C.D. report,[34] agrees with the general principle that, in order to achieve results, family planning should be integrated into broader development plans. (Unfortunately, the report does not question the appropriateness of planning and implementing a national family planning program apart from the broader framework, "on its own".)

There is considerable disagreement over the other ingredients of the family planning rationale.

Some family planning experts question the assumption that regardless of socio-economic conditions, family planning will occur as soon as clinics are established and their personnel are instructed to encourage the practice and teach and dispense techniques. For example, Stycos has written: "It may be that large numbers...can be effectively reached only

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[33] R. Sato and Y. Niho, "Population Growth and Development of a Dual Economy", Oxford Economic Papers (Nov., 1971), 419.

[34] Organization for Economic Cooperation and Development, Population Programs and Economic and Social Development, (Paris: O.E.C.D., 1970).

after a poor nation achieves a higher level of economic and educational development."[35]

The effectiveness of programs is also questioned. In reference to those introduced in the last decade in Latin America, it has been stated that there is "...a lack of clear evidence that national birth rates have been affected by organized family planning programs...."[36] The findings of the Khanna Study show that the birth control program introduced in the Punjab in India was at best "comparatively successful" and might be regarded as a failure.[37] Mamdani's analysis of data from the Singur Study, begun in another part of India (West Bengal) in 1957, indicates that the decline in birth rates in that region began before the family planning program did and he concludes that, "...there is no necessary connection between the two."[38] And, upon analysing data from the Kyong Study of South Korea in 1962, Mamdani finds that, "...it is not possible to attribute the decline in birth rates in the test population solely, or even primarily, to the existence of the family planning program."[39]

All this argumentation focuses upon the family planning rationale, however, and not upon the quality, the suitability, and the reliability

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[35] J. Mayone Stycos, Clinics, Contraception, and Communication: Evaluation Studies of Family Planning Programs in Four Latin American Countries (N.Y.: Appleton-Century-Crofts, 1973), 19.

[36] Ibid., 17.

[37] Mahmood Mamdani, The Myth of Population Control: Family, Caste, and Class in an Indian Village (N.Y.: Monthly Review Press, 1972), 15.

[38] Ibid., 16.

[39] John B. Wyon and John E. Gordon, The Khanna Study: Population Problems in the Rural Punjab (Cambridge, Massachusetts: Harvard University Press, 1971).

of the service provided for a people. This is not to say that these humanistic concerns have been completely ignored by family planners, but rather that they have received comparatively little attention.

A classic survey of the field written by Bernard Berelson,[40] then President of the Population Council, is introduced with this paragraph:

> This paper rests on these propositions: (1) among the great problems on the world agenda is the population problem; (2) that problem is most urgent in the developing countries where rapid population growth retards social and economic development; (3) there is a time-penalty on the problem in the sense that, other things equal, anything not done sooner may be harder to do later due to increased numbers; and accordingly (4) anything that can properly be done to lower population growth rates should be done, now. As has been asked on other occasions, the question is: what is to be done? There is a certain agreement on the general objective (i.e., on the desirability of lowering birth rates, though not on how far how fast), but there is disagreement as to means.

This expert is one who observed the world's condition and diagnosed the population problem. He stresses its seriousness and size. Clearly, something must be done about the problem, now. Finally, that something to be done should be "proper".

The solutions to the problem must meet certain criteria, among them, "...(1) scientific/medical/technological readiness, (2) political viability, (3) administrative feasibility, (4) economic capability, (5) moral/ethical/philosophical acceptability, and (6) presumed effectiveness."[41] The fifth item has consistently held its place, near the end, during two decades of family planning in less developed countries.

Berelson's paper illustrates well the role that humanistic consid-

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[40] B. Berelson, "Beyond Family Planning", Studies in Family Planning No. 38 (Feb., 1969).

[41] Ibid., 3.

erations play in family planning. When a large population is seen as a problem, and all solutions are variations on the theme of reducing the growth rate, then the human interest is just another gauge with which one measures the desirability of various solutions and "...the worse the problem, the more one is willing to 'give up' in an ethical position in order to attain 'a solution'."[42]

But for those who choose as their starting premise that family planning is a human right, what is in the human interest should be the focus of the family planning effort, not merely a measuring device for its "effectiveness".

Unfortunately, this is not always the case. Even the I.P.P.F., (the constitution of which states: "...knowledge of planned parenthood is a fundamental human right....")[43] devotes less than half of its position paper[44] to a discussion of family planning as a basic human right, and to health and family planning. The remainder of the paper presents the I.P.P.F. version of the family planning rationale. Thus, in the position paper we read that,

> If more of the world's population used methods of family planning to reduce the size of their families, ...the available resources would be distributed among fewer people and more resources could be used in promoting the growth of living standards.[45]

And, indicative of the I.P.P.F.'s confidence that family planning information will change fertility behavior, is this paragraph:

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[42] Ibid., 8.

[43] I.P.P.F., Constitution and Rules, Article One, Section Three.

[44] I.P.P.F., The I.P.P.F. and The World Population Conference 1974 (London: I.P.P.F., 1974).

[45] Ibid., 11.

> ...[All men and women in the fertile age group (15-44)] must be provided with the knowledge and means to control their own fertility if the objective of the...[World Population Plan of Action][46] is to succeed. In addition there are many millions of young people who must be prepared, through formal and non-formal education to enter the reproductive age group as responsible parents.[47]

The I.P.P.F. recognizes short-comings in present family planning programs which rely on delivering services through ministries of health and vast clinical networks. But it has enough confidence in family planning programs of a different nature (community-based programs are preferred in the Paper) to propose increased spending on such programs.

> It has already been demonstrated by a number of countries which have significantly reduced their birth rates that this is not an impossible task. But it is clear that to reach these numbers in a single decade will require the commitment of vastly increased financial, human and material resources and a political commitment on the part of governments of all countries to give greater priority to family planning and health services in their national spending.[48]

There has been a change of emphasis among family planning associations, from thinking of family planning purely in terms of family welfare to concern with the "population problem." Among these associations Smith includes "...many of the relatively new family planning associations of Africa." He writes,

> ...Those who are concerned with the "population problem" and questions relating to human survival do not necessarily have

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[46]The part of the objective of special concern to the Federation is to "...make available to all persons who so desire, if possible by the end of the Second UN Development Decade, but not later than 1985, the necessary information and education about family planning and the means to practise family planning effectively and in accordance with their cultural values." (See page 13 of the position paper.)

[47]I.P.P.F., World Population Conference, 13.

[48]Ibid., 14.

> a welfare outlook as far as the individual is concerned, and may look on family planning as only one of several methods of population control.[49]

This is the present state of affairs: a great deal of argumentation over the family planning rationale and decreasing attention to individual well-being.

But, when family planning is regarded as a basic human right, to be assured by governments for every individual, then other considerations besides those central to the family planning rationale must be brought into the discussion.

C. Humanistic Concerns Associated with Family Planning

What are the humanistic considérations to be taken into account when family planning programs are introduced into less developed countries? They surround at least three themes. One is the matter of health of mothers and children. Another is the matter of human sexuality. Yet another concerns the ethics of intervention.

These are thorny issues, closely related to family planning and deserving more consideration than they have thus far received. They cannot be regarded merely as offshoots of the debate over the family planning rationale. They are, rather, essential to any discussion of family planning and program implementation.

Mothers' and Children's Health

Pradervand devotes one part of a recent paper[50] to discussing

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[49]Smith, 25. [50]Pradervand, Family Planning in Africa, 16-18.

high mortality as the main obstacle to family planning. Therein, he presents evidence that tropical Africa is an area of exceptionally high infant mortality. He quotes two knowledgeable demographers' descriptions of the situation--first,

> Our general impression of the course of mortality during the 1960's is one of impressive advances in certain countries, compensated by relapse into higher or even catastrophic mortality in other areas, and resulting finally in only slow general progress.
>
> Mortality in tropical Africa remains higher than in other big world regions, and the high morbidity contributes to the poor economic performance. The fight against the great endemic diseases has been waged for a long time, but nowhere decisively won, even in small geographically isolated Zanzibar where a vigorous malaria eradication campaign is only partly successful.[51]

Secondly, Caldwell has stated that "...mortality levels are still so high in tropical Africa that persons considering providing family planning have to give serious thought to the possibility that they are imperilling the chance of the small family surviving at all."[52]

In traditional agricultural societies, such as those experienced by the majority of Africans, "...a son is the equivalent to social security or an old age pension in industrial countries."[53] But the chances of a couple's having one surviving son when they attain old age are not very good. To be certain of the survival of one single son when the father attains sixty-five, a couple would need to have seven children at least.[54]

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[51] E. Van de Walle, The Population of Tropical Africa in the 1980's Paper prepared for Adlai Stevenson Institute of International Affairs, University of Chicago, Symposium: Africa in the 1980's (University of Chicago, April 14-18, 1969).

[52] J. C. Caldwell, "Population Growth in Tropical Africa", (mimeograph, no date), 4.

[53] Pradervand, Family Planning in Africa, 18. [54] Ibid.

The point of all this, is: With such high levels of mortality, might it not be inconsiderate to offer family planning services?

I think that family planning services should be offered for reasons already stated. But the questions of how they are offered and where they are offered are answered differently depending upon the reasons for which a family planning program is introduced. This is the crux of the matter: the family planning program which is regarded as part of the effort to improve mothers' and children's health, as well as to try to guarantee the survival of infants, will necessarily be different from one oriented primarily toward decreasing birth rates, although the former may help to accomplish reduction in population growth.

Human Sexuality

It is widely accepted among students of behavioral science that one's sense of personal identity is closely linked to one's sexuality.[55] Feelings of self-worth and self-confidence are related to feelings of manliness or womanliness. These in turn are often tied to reproductive capacity and the number of children one has.

Molnos summarizes the situation for East Africans in this way:

> The ideal of fertility was firmly impressed into the traditional images of the "proper man" and "proper woman" in East Africa. Barrenness, sterility or limited fertility were socially considered humiliating conditions and misfortunes. Conversely, children constituted the most important visible signs of success and achievement. Offspring were essential to ensure a man's social position and to confer on him prestige and influence within his lineage and the community at large. Many

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[55] See The Social Context of Marriage by J. Richard Udry (Philadelphia: J. B. Lippincott, 1966).

> children were also closely associated with virility, proud signs of male potence. Likewise for a woman, the regular birth of children was indispensible to ensure her status; ....All women wished to avoid the pitiable condition of being a childless or "subfertile" wife.[56]

It seems evident that any hasty attempt to persuade people to practise birth control, especially by irreversible methods like tubal ligation and vasectomy, tampers with their self-identity and can have undesirable consequences for the individuals involved. Such procedures may well be met with considerable suspicion and resentment.

The existing programs show a surprising lack of appreciation for the singular importance of human sexuality (and a corresponding lack of respect for the individual). Strassburger describes the consequences: "Stories about government promoters using strong-arm tactics, desensitizing persons with drugs and alcohol are legion."[57] She goes on, "None of them may be true, but enough exist to generate serious questions regarding the strategies employed...."

Strassburger attributes all this to an emphasis on quantity rather than quality in family planning programs. While it is true that the emphasis upon achieving numerical targets elicits such a response, underlying this quantitative emphasis is inattention to the fact that reproduction is a matter vital to life.

Its importance is not quantifiable, but assuredly human sexuality deserves respect. A family planning program cannot rightfully ignore or relegate to the background this consideration.

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[56]Angela Molnos, Cultural Source Materials for Population Planning in East Africa: Beliefs and Practices III (Nairobi: East African Publishing House, 1973), 7-8.

[57]Emily Strassburger, "Problems of Health Care in a South India State", International Development Review XV, (No. 4, 1973/4), 22-26.

Ethics of Intervention

Some of the issues associated with Western intervention in family planning in other countries are pointed out by Segal.[58]

He states that the task of reducing fertility is one which must be done by the members of particular societies, a task in which outsiders can play only a marginal role. He emphasizes that we should concern ourselves with "...the real causes of poverty within our own rich countries and not rely on birth control as a form of conservative social control." He also requests that,

> We do not ask others to do what we say rather than what we do. Until rich societies themselves adopt and take seriously population control policies they should lay off advising poor countries to do so. Instead they should wait for governments to take the initiative and keep external population inputs limited. The Chinese are in a better position, morally and materially, to convince Africans to take population problems seriously than we are.

And he says that "If we cannot, at home or abroad, help create conditions in which individuals will want to voluntarily reduce their fertility then we have no moral right to coerce."

Well-deserved attention has been focused upon the humanistic concerns arising out of family planning programs by Donald P. Warwick of York University in Toronto. The following is part of his address to the World Population Tribune held at Bucharest in 1974:

> Population programs are a moral intervention into an ongoing social system rather than a kind of social plumbing. Moral con-

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[58]Aaron Segal, The Rich, The Poor, and Population as quoted by Pradervand, "How to Delay the Adoption of Family Planning", Working Paper No. 1 for African Seminar on Relationship of Population Growth to Economic Development, Dar es Salaam, 1974, (Published in The New Internationalist, 1974), 10-12.

> siderations, whether those of the world at large...or...from the point of view of the cultures themselves are absolutely essential in judging the merits of population problems. No programs that I can think of at the moment are more ethically vibrant in...that they touch such basic questions of human existence as standards of sexual morality, conceptions of maleness, and even questions of ultimate religious salvation. Population programs must respect human rights as articulated in the universal declaration and advance human dignity and freedom. Any program which treats individuals or groups of individuals as objects to be manipulated, or in the parlance of the field as "targets" or which engages in deception, coercion, or bribery, is ethically dubious from the outset.

Warwick believes that,

> ...Programs must be guided by the dictates of social justice, that is, fairness across social groups in the distribution of goods as well as harms arising from the program. It is not just, for example, for a program of incentives to operate by soliciting acceptors for vasectomy mainly from the poor and illiterate classes while the more affluent, because of their incomes, can disregard the incentives and go on reproducing in their accustomed manner.

He also believes that programs must be guided by the principles of truth-telling.

> ...It is not justified to disguise or misrepresent the physical or the psychic costs of such intervention as vasectomy, to withhold information on the potentially dangerous side effects of experimental contraception or to slant and distort information on population problems in the mass media or in programs of population education.

Warwick thus establishes three moral principles for family planning programs: that they respect human rights, that they follow the dictates of social justice, and that they be truthful.

He then makes this observation on existing programs:

> ...In many programs throughout the world...[the principles] have not only been violated but they have not even been considered. More often than not, the underlying philosophy of existing population programs has been what might be called "amoral technologism". The essence of this philosophy is that any method of intervention is acceptable morally so long as it works and doesn't raise too much hell in the country or elsewhere. The moral outlook of the recipient population, particularly when it differs from the moral outlooks required

> for the success of the program, are seen as so many obstacles or so much debris to be removed from the path of progress. Moral attitudes are seen as impediments to development rather than characteristics, attitudes, perspectives of human beings that are deserving of respect and consideration. The ultimate criterion of success in this philosophy becomes program effectiveness measured in terms of acceptors and quantitative declines in fertility....
>
> Such considerations as the disruption of traditional cultures, the violation of individual consciences or the impairment of an individual's status in the community has no place in this instrumental calculus.

This is an unquestionably serious indictment of family planning programs.

D. Summary and Conclusions

A review of the literature related to family planning reveals that:

i. Over the past two decades, family planning activity in less developed countries has undergone an undesirable change in emphasis.

It was assumed earlier that people the world over, regarding birth control as desirable, would practise effective, modern family planning as soon as they knew the techniques and received the necessary supplies. Thus, the emphasis was upon informing (and supplying). More recently, however, it is assumed that because people seem reluctant to adopt family planning, they do not want to do what is good for them and for all of us. Therefore, they should be "motivated", that is, made to practise birth control.

ii. The imposition of family planning practice is legitimized by a widely accepted but questionable rationale.

Essentially, it is believed that limiting population growth is necessary for economic development, that family planning is of primary

importance to the development process, and that family planning programs significantly contribute to the limitation of growth. In addition to over-simplifying the development process, this rationale encourages the subordination of matters of individual and local concern to the pursuit of national aspirations.

iii. Humanistic concerns related to family planning receive too little attention.

In all the enthusiasm over family planning, what is undesirable is being overlooked: while their children die in infancy, parents are advised to have no more; the capacity for reproduction has become an item for barter; and the assumption by the powerful that they are right, often goes unchallenged.

Family planning programs are desirable for the purposes of educating people in sexual matters and facilitating decisions regarding numbers of children. But it is doubtful that family planning programs, in fact, serve this end.

CHAPTER III

ANALYSIS OF SELECTED AFRICAN PROGRAMS

> Of course, many developing societies today are neither waiting nor counting upon a spontaneous readjustment of fertility to declining mortality. They are striving to push up the rate of economic development and some of them are adopting, or have already adopted, programs for promoting the spread of birth control and sterilization.[1]

The foregoing chapter discussed the rationale for establishing family planning programs in less developed countries. Its limitations were pointed out. Here, some national programs[2] in Africa will be described in an attempt to illustrate the extent to which they, too, diverge from the ideals of a humanistic approach to family planning.

A. Components of Family Planning Programs

Berelson identifies four basic components (in addition to money)[3] of family planning programs. These are i) the technology for application in the individual case, ii) interest and motivation among the people to

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[1] D. V. Glass, "Population Growth and Population Policy", in Mindel C. Sheps and Jeanne Clare Ridley, Eds., Public Health and Population Change: Current Research Issues (Pittsburgh: University of Pittsburgh Press, 1965), 21.

[2] For the purpose of this analysis, a program is considered national when government intervenes in the family planning activity occurring within a country. Usually, voluntary family planning associations are in the country for some years prior to the time of government intervention. Their endeavors are subsequently integrated with or, in a few cases, superseded by the government effort.

[3] Bernard Berelson, "The Present State of Family Planning Programs", Studies in Family Planning, No. 57 (Sept., 1970).

accept the practice, iii) political will at the top to support the effort, and iv) organization and administration which will bring the technology to the service of the motivation.

As far as contraceptive technology is concerned, it has already saved us the discomfort and uncertainty of abstinence, abortificients and withdrawal. It offers a wide variety of safe and reliable methods and continues to improve. Technology may therefore be regarded as an adequate component of a family planning program,[4] as long as supplies are assured and readily available. (Responsibility for this, as well as for the appropriateness of the contraceptive methods offered, lies elsewhere).

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[4]R. Freedman's comment ("The Transition from High to Low Fertility: Challenge to Demographers", Population Index XXXI [Oct., 1965], 420-421) on contraceptive technology is worth noting here. Freedman writes,

> "Until recently I was among those who believed that improvement of contraceptive technology is irrelevant for fertility decline, since the major declines in countries like England and France occurred mainly through the use of coitus interruptus. It now seems to me that when minimal favorable conditions exist, [these conditions are presented in Chapter IV] fertility decline will be accelerated, if there are available contraceptives which are inexpensive, effective, not connected with the sexual act, trouble free, and requiring little forethought or care, once use is initiated. At any given level of motivation such contraceptives should increase the probability that those under cross-pressures between old and new values will adopt the new values and persist in them. I still believe, however, that type of method is largely irrelevant until there have been certain minimal changes in mortality and social organization, but that view, too, needs testing."

A. Rosenfield, ("Family Planning Programs: Can More Be Done?", Studies in Family Planning V [Apr., 1974], 115) presents another point of view.

> "The development and widespread use of hormonal agents and the rebirth of contraceptive devices are two major technological advances, particularly since they make it possible for the means of contraception to be separate from the coital act. Improved technology is needed, however, since the side effects and

Interest and motivation have already been dealt with to some extent, and it is not my intention here to discuss the ways in which more popular support for family planning might be aroused. (I agree with the point of view that socio-economic change will produce attitude change. In many parts of Africa, for the time being at least, I think that responsibility for the former rests with government officials and other elites, including those involved in the administration of family planning programs.) To me it seems more important to guarantee family planning education and the continued delivery of family planning information and services (i.e., counselling and examining, as well as fitting or prescribing contraceptives, et cetera), and to improve the present performance of this task, than it is to discuss the need for attitude change and even the ways to effect it.

The other two components of family planning programs are political will and administration. It is these which will be examined in greater detail. Their significance becomes evident in the following discussion.

Political Will

National family planning programs have appeared in the less developed countries in response to prompting from different quarters--international and national, for different reasons--political, economic, and humanitarian. Nevertheless, their implementation shows some general

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potential complications of existing methods are numerous. Many people believe that research in this area should receive the highest priority from funding agencies involved in the population field."

Rosenfield refers the reader to M. Bundy, "Population: A Practical Concern", Journal of Medical Education XLIV (II, Part 2), 7.

trends.[5]

Original interest in a family planning program is usually expressed by members of the national elite such as economists, planners, upper class women and doctors. This interest is encouraged by foreign advisers from international or bilateral agencies.

Modern family planning education and services are often first introduced by a private association, funded and advised by the International Planned Parenthood Federation (the federation of private associations) in London. Subsequently, this idea of family planning is promoted among top national leaders by a key government official such as a development planner or the minister of health.

Influence toward adoption of a national family planning policy may be wielded by international agencies like the World Bank and the UN organization, by bilateral agencies like C.I.D.A. and U.S. A.I.D., and by private associations. These groups have at least two means of influence at their disposal. One is the withholding of financial assistance for development projects unless population growth is checked; the other, donation of the partial costs of a family planning program.

Finally, a national family planning policy is adopted, facilitating the intentions of the persuaded elite by bringing the power and financial resources of government into the family planning movement. At this point the efforts of the leadership elite--political and intellectual, are combined with the efforts of the professional elite--doctors, other medical personnel and others who may volunteer or be pressed into service in order to get something done in the area of fam-

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[5]See Rogers' outline of the stages in implementation of a national family planning program.

ily planning.[6]

Invariably, the idea of modern family planning is introduced to the great majority of a national population upon the insistence of a small group who enjoy the power of political office, wealth or education. Thus, the nature and extent of the resultant family planning program is, in the first instance, dependent upon this small but influential group.

How committed are they to the idea of family planning and for what reasons? What resources will be allotted to the program? Is family planning to be offered as a human right or imposed as an economic necessity? Is it perceived as socially desirable or economically imperative? Of course, the answers lie somewhere in between the questions. Furthermore, the answers are not consistent because the group is not uniform. Their attitudes and degrees of commitment differ. But because of their influence and authority, they affect the design and implementation of the program and it is they who sanction it.

If family planning in itself is regarded as a basic human right (and that was one point of general consensus among the official delegates who participated in the World Population Conference in Bucharest, 1974) then any inhumanity associated with it probably arises from the

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[6]This outline may not represent accurately the sequence of events in all parts of continental sub-Saharan Africa where, as Caldwell explains (John C. Caldwell, "Family Planning in Continental sub-Saharan Africa" in The Politics of Family Planning in the Third World, Ed. T. E. Smith [London: George Allen and Unwin Ltd., 1973], 55-58.), i) there is less worry about rapid population growth (in Francophone countries especially), ii) some rulers associate bigger populations with greater international prestige, iii) the economists are not entirely convinced of any interrelation between population growth and economic change, and iv) members of the academic elite hold left-wing views.

manner in which it is taught or practised. And these things are ultimately the responsibility of the political and intellectual leaders of countries, together with those who administer the national family planning programs, and those who advise.

Administration

Regarding administration, Berelson wrote (in 1967), "If there is one deficiency...[in family planning programs] that is more serious than any other...it is general lack of adequate implemental machinery. We don't have family planning administrators who know how to furnish services efficiently to great masses of population."[7] Although Berelson is especially interested in furnishing services in order to more effectively decrease birth rates, his statement is equally valid for the provision of family planning services as a human right.

Austin also found family planning programs to be inadequately managed.[8] He stated that poor management shows up in defective planning, lack of control, inadequate or ill-used information, unmotivated personnel, wasteful duplication of efforts and so on. He identified four causes of the management problems in family planning:

i. The chronic shortage of professionally trained administrators in developing nations.

ii. The staffing of family planning programs by doctors, nurses, and social workers who often lack management skills and experience

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[7]Bernard Berelson, "On Family Planning Communication", Mass Communication and Motivation for Birth Control, Ed. Donald F. Bogue (Chicago: University of Chicago Press, 1967), 49.

[8]James E. Austin, "The Management Bottleneck in Family Planning Programs", Studies in Family Planning IV (Dec., 1973).

although they have good technical qualifications.

iii. The rapid and sizeable growth of many family planning programs in a paucity of resources and often hostile environments.

iv. The involvement of relatively autonomous organizations whose activities must be co-ordinated for the national program.

Some of these causes of deficient management will be dealt with again. Here, it is sufficient to point out that they can be aggravated by "political will" and that they interfere with the quality of both the family planning information and the services provided.

The last two components of a national family planning program, then, deserve close examination because they have special significance for the approach taken to family planning. But before analysing those aspects of the selected programs, it is necessary to establish a working definition of a good family planning program.

B. Requisites for a Good Family Planning Program

Simply stated, a good national family planning program is one which:

i. Meets an existing demand for family planning services reliably and efficiently.

ii. Adds to the family planning knowledge of a population with regard for beliefs and circumstances of the people concerned.

iii. Expands and improves in response to the needs of the national population.

Such a program has a greater potential for accommodating humanistic concerns than does one evolving from the family planning rationale because a family planning program which is regarded primarily as "an

instrument to quicken the pace of demographic transition"[9] is primarily oriented toward persuading the greatest possible number of people to practise effective birth control, and thereby reducing the rate of national population growth. This kind of program not only displaces the preferred objectives; it can even negate them by imposing family planning practice upon an unwilling and suspicious population. (Examples of this happening have been previously referred to and others will be mentioned later.)

A good program as defined above can exist only when certain conditions are met, especially by politicians and program administrators. Specifically, a good program requires that the national leadership and all family planning personnel agree upon the importance of the humanistic approach and purpose in family planning. It also requires that government consistently supports the idea of family planning and facilitates the program through legal measures, allotments of money and personnel, social improvements, and any other means which will ensure reliable education and suitable family planning services for the population. This is not to say that governments should allot disproportionate amounts of their limited resources to family planning or that they should solicit family planning aid without due attention to other needs in the country. Rather, it is meant to emphasize that whatever is done should be done carefully and well. Finally, a good program should be administered and organized as a public service.

The following overview of selected African national family planning programs is written in response to the general question: Do govern-

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[9]D. Banerji, Family Planning in India, A Critique and Perspective (New Delhi: People's Publishing House, 1971), 5.

ments and administrators meet the requirements of a good program? Three more specific questions can be posed in this regard:

i. Is there agreement among the national leadership and family planning personnel upon the humanistic purpose in family planning?

ii. Is support for family planning education and services consistently forthcoming?

iii. Is the family planning education and service offered such that it can be popularly perceived as in the people's own best interest?

C. Program Overviews

In sixteen African states there are national family planning programs. Seven of these are carried out where there is an official policy to reduce the population growth rate; the others are supported by governments for other reasons such as health and human rights. The table summarizes the distribution and kinds of family planning programs.[10]

National Family Planning Programs in Africa in 1973

Year of Implementation	A	B
1964	Tunisia	
1965	Mauritius, Egypt	
1966	Kenya	
1967		
1968	Morocco	
1969	Ghana	Dahomey, (The) Gambia
1970	Botswana	Nigeria, Rhodesia, South Africa, Tanzania
1971		Algeria
1972		Uganda
1973		Zaire

[Note that Group A includes countries with official policies to

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[10]The information presented in the table is taken from D. Nortman, "Population and Family Planning Programs: A Factbook", Report on Population/Family Planning (New York: Population Council, 1974), Table 8.

reduce the population growth rate while Group B includes those countries which support family planning activities for other than demographic reasons (for example, health, human rights).]

All but one of the programs is less than ten years old; eight of them are only five years old. Understandably, the programs have not all been studied by researchers. In fact, there is a reasonably thorough account and evaluation of only three programs--those in Tunisia, Egypt and Kenya. There is limited information available about the Mauritian and Moroccan programs. (There is almost nothing readily available about the others.) In addition to the written sources, however, I have some firsthand information about the Tanzanian program. The overviews thus include only the programs in Tunisia, Egypt, Mauritius, Kenya, Morocco and Tanzania.

Not only is the data base for the following discussion limited; available program descriptions and evaluations are not comprehensive. They are also inconsistent with one another, different writers having emphasized different aspects of the programs under consideration. Yet despite its limitations in quantity and quality, the data base does provide some indications of the selected programs' potential for a humanistic approach to family planning.

A summary description of each program, gleaned from the sources available, is presented. The summaries emphasize the two program components, i) political will and ii) administration, because of their particular relevance for the thesis, as discussed above. Still, these summaries necessarily reflect the disparateness of the sources of data. Program analysis, for the purpose of answering the three questions posed, is based upon the summary descriptions and presented under the heading,

"Discussion".

The Tunisian Program

Since the early fifties, there has been in Tunisia evidence of concern about liberalization of the individual and rationalization of personal relationships. Thus, the family planning program appeared in an appropriate legal context.[11] One observer has written,

> The official Tunisian attitude toward birth control problems was not originally an isolated or accidental phenomenon. It formed part of a whole: the world-view held by the governing elite which has stressed the social development of the individual and has sought especially to raise the status of women to a new level of dignity in Muslim society.[12]

However, the original motivation for the national family planning program was sparked by planners and economists in the government and representatives of the Population Council and the Ford Foundation[13] which employed demographic-economic arguments to present their case. And, although the experimental program (1963 to 1965) was carried out with great care, it is debatable whether the expanded national program has contributed as much as it could have done to the goals of "liberalization" and "rationalization".

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[11]Between 1956 and 1965 at least five significant government measures were passed affecting marriage and divorce, distribution of family allowances, sale and importation of contraceptives, and abortion.

[12]Charles F. Gallagher, "Family Planning in Tunisia", American Universities Field Staff Reports North African Series XII (Dec., 1966), 15.

[13]A complete description of the origins of the program is given in Gallagher (above) and Amor Daly, "National Programs: Achievements and Problems, Tunisia," in Family Planning and Population Programs, Eds., B. Berelson et al (Chicago: University of Chicago Press, 1966).

The experimental program was supported by national organizations.[14] Members of these groups, as well as the press and radio, publicized and helped to create widespread interest in it. Also in the experimental phase, family planning services were integrated with existing material and child health care services: family planning was recognized as an aspect of preventive health service.

But the national program evolved without adequate attention to these facts. It was launched through both an integrated and an "autonomous" program, the former usually in urban maternal/child health centers or hospitals; the latter carried out by mobile teams in rural and semi-rural areas where there were no permanent health centers. In hurried implementation, humanistic ideals were lost.

Nor has the Tunisian program experienced consistent official support. In August of 1966 (the national family planning program was introduced in June of that year) the President of Tunisia publicly expressed a change of heart over the matter of family planning. According to Gallagher, the President's change of position was a response to external and internal political pressures. The former was represented by the physical threat of the U.A.R. and Algeria to relatively tiny Tunisia; the latter, by a perceived desire, on the part of the President, for a return to traditional Muslim ways among many people. The family planning program, associated as it was with decreasing population growth through the widespread practice of contraception, could not, therefore, enjoy continued official support. Thus, "...the Tunisian government was among those countries signing a UN resolution approving family planning in

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[14]Among these were the national political party and the National Women's Union.

December 1966 at the same time that its own Program was moving into much lower gear."[15]

As far as the Tunisian program is concerned, it appears that the government was at first favourably disposed toward it and supportive of it, in the interests of national economic development. Later, when it was politically expedient to be less supportive of the program, the government acted accordingly. The quality and reliability of the family planning service has suffered from this political vicissitude as well as from the inadequacies of program organizers and implementers.

The hurried implementation of the program, already mentioned, had undesirable consequences, "...administrative difficulties, lack of personnel, poor (and in some cases non-existent) follow-up care of acceptors."[16] Pradervand writes a damning description of some of the family planning activity which occurred:

> Lorryloads of women were brought to mobile clinics where I.U.D.'s were inserted by doctors who not only did not speak Arabic but often not even French--the end result being massive withdrawals of I.U.D.'s and a serious backlash against the whole program.[17]

It is important to note that the renewed national program in Tunisia (in effect from January, 1968 onward) shows some streamlining of the administration, improved facilities, an expanded education program for family planning personnel, and the expansion of hospital-based

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[15]Gallagher, 25.

[16]Robert Lapham, "Family Planning in Tunisia", Demography VII (No. 2, 1970), 242.

[17]Pradervand, Family Planning Programs in Africa, (Paris: O.E.C.D., 1970), 28, (from personal correspondence with various organizers of the family planning programs).

clinics.[18] But still, ambivalence on the purpose and value of the program remains and it is doubtful that the service, as offered, can be consistently regarded by the people as in their best interests.

The Mauritian Program

The history of population concern in Mauritius can be traced back to the 1950's.[19] It shows two general phases: i) Up until 1965 there were long, vigorous arguments in the press and in the legislature over the desirability of family planning. Influential religious leaders--Roman Catholic, Muslim, and Hindu--represented those opposed to the idea. ii) Since 1965, however, it has been generally agreed that family planning is in the interests of the health and welfare of the family and is a factor in reducing the rate of population growth.[20]

The concern with overpopulation in Mauritius has led to formation of a population policy directed toward reducing the population by emigration as well as a reduction in the natural rate of population growth. In 1966 three significant events toward this end occurred. In his speech from the Throne, the Governor said that a check on the rate of growth of the population was an essential condition for the problem of unemployment and that, "...the Government is confident that this can be achieved by means of a sustained campaign of education in family

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[18] Warren G. Povey and George F. Brown, "Tunisia's Experience in Family Planning", Demography V (No. 2, 1968).

[19] See James D. Greig, "Mauritius: Religion and Population Pressure", The Politics of Family Planning in the Third World, Ed. T. E. Smith (London: George Allen and Unwin Ltd., 1973), 122-167.

[20] Ibid., 156, "The current arguments related more to the methods to be adopted and the means of administering a program."

planning."[21] The opposition in the Legislature indicated their endorsement of this stand. Secondly, a report on policy for economic development in Mauritius (prepared by a British economist seconded to Mauritius) strongly advised the need for population measures. Thirdly, the Minister of Health announced in August that the government had completed plans to embark on a campaign for the regulation of births.

A family planning division was established in the Ministry of Health, headed by an expatriate provided under British technical assistance. The two existing voluntary associations were to play a major role in the provision of services and educating the public. Up to this time, family planning activities had been carried out solely by the Mauritius Family Planning Association (since 1958) and Action Familiale (since 1963).

In 1968 independence was achieved in Mauritius and a series of international agency reports and recommendations on family planning ensued,[22] a consequence of the government's pursuit of assistance for its intended national program. The outcome of all this became an attempt to integrate family planning with the maternal/child health service under the Ministry of Health, and, in the process, to reduce the role of the voluntary associations. Although some of the knowledge and expertise of these associations would thereby be transferred to the government, it remains to be seen whether the government can perform its family planning task as well as the private associations seemed to.

In the case of Mauritius, the government, finally being convinced

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[21]As quoted by Greig from M.L.A. Debates of Mauritius No. 1 (1966).

[22]Greig describes these and their consequences in detail.

of the importance of a family planning program for dealing with the island's problem of over-population, decided to take over and reorganize the service as provided by voluntary associations. A reasonable case can be made for such a move.[23] Yet, "Up to mid-1972 very little in concrete terms had, ... been achieved as to the integration of family planning within the health service."[24] Greig attributes this delay to nuances in the relationship between ambitious civil servants and long-time employees of the Mauritius Family Planning Association, an effective combination for preventing progress. The situation illustrates well how concern with the nature and purpose of a family planning program may become secondary to political manoeuvring, in this case for preferred and assured positions in the administration.

The Egyptian Program

In Egypt, the family planning program was implemented as part of a population control policy. Reducing rates of population growth was considered very important for national economic development: in 1965 the President (Nasser) emphasized that he was an advocate of family planning and that it should receive top priority in government planning. The action which followed this verbal endorsement of family planning in Egypt is impressive.

> In December 1965 a Supreme Council for Family Planning was established in Egypt, headed by the Prime Minister and including ten ministers. An Executive Secretariat composed of the Ministers of Health, Social Affairs, and National Guidance was responsible for management of the National Family Planning Program and for appointment of an Executive Chairman. Dr. Khalil Mazhar, an

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[23] Ibid., 161-164.

[24] Ibid., 165.

> obstetrician, was appointed as Executive Chairman and given a strong mandate and autonomous powers to accelerate the program. In February 1966 the National Family Planning Program was officially launched with the distribution of oral pills at half cost in 1,991 units. Training programs were initiated and, by September 1966, 300 physicians had been trained in I.U.D. insertion techniques. In February 1966 production of the I.U.D. in Egypt was begun.[25]

At the time of the 1967 Middle East conflict, the tempo of the national family planning program was temporarily slowed down.[26] But by March, 1968, efforts were being organized to revive the program and the people's interest in family planning. The official supportive position has been consistently maintained by the new President and Prime Minister of the country.

In describing the Egyptian program, Omran and el-Nomrossey refer to the leaders' concern with family planning and present the problems they faced in their attempts to establish an effective family planning body. They also give a detailed and illustrative description of the organization of the program which indicates that the particular administrative structure adopted was a result of many considerations and much careful planning. However, even a carefully planned program can have problems.[27]

One item listed by Omran in his brief critique of the Egyptian

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[25]Haifa Shanawany, "Stages in the Development of a Population Control Policy", Egypt: Population Problems and Prospects, Ed. Abdel R. Omran (Chapel Hill: Carolina Population Centre, 1973), 209.

[26]Ibid., 210.

[27]Abdel R. Omran, Appendix to "The Family Planning Effort in Egypt: A Descriptive Sketch", by Abdel R. Omran and Malek el Nomrossey in Egypt: Population Problems and Prospects, Ed. Omran.

program[28] raises questions about how it might be generally perceived. He writes,

> Problems...exist at the service unit level. Family planning sessions are held three afternoons a week when no other services are given, a schedule which defeats the whole purpose of integrating family planning with health services. Although the present approach may be administratively manageable, it denies the availability of services on a daily basis and within a comprehensive multi-purpose program.

Such a situation is undesirable for positive popular perceptions of the family planning effort. On the whole, though, it seems that the family planners in Egypt have become aware of the shortcomings of their program in humanistic terms and that they are trying to overcome them.[29]

The Kenyan Program[30]

Radel, in his description of the development of population

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[28]Ibid. Pradervand, Family Planning Programs in Africa, 28 makes reference to Egypt's "extremely high drop-out rate" and attributes it to the early attempts there to insert the maximum number of I.U.D.'s and to distribute the maximum number of pills.

[29]See Aziz Bindary, "Egypt Studies a New Plan of Action", Studies in Family Planning No. 8 (Aug., 1972), 193-194. Bindary is present Chairman of the Executive Board of the Supreme Council for Family Planning in Egypt.

[30]In 1971 an important population education project was undertaken by the Kenyan government, in cooperation with the Food and Agriculture Organization of the United Nations, and funded by the United Nations Fund for Population Activities. This "Programs for Better Family Living" project introduces population factors in the context of food, agriculture, nutrition, home economics and other rural development programs. The strategy is to educate field workers in all these areas in population-related matters so that they, in turn, can educate rural families. (See the F.A.O. publication, Programs for Better Family Living, for a fuller description.) The program is a desirable, but rather late complement to the Kenyan family planning program described herein.

concerns in Kenya,[31] explains the motivation behind the family planning movement. He writes,

> The position of the colonial government on population was ambivalent throughout the period prior to independence. Concern about population pressure on the land and its implications for land hunger among the Africans was countered by the view that a growing population was a stimulus to development.[32]

Family planning activity during this period was unofficial, loosely co-ordinated by the local family planning associations, of Mombasa and Nairobi (which formed the Family Planning Association of Kenya in 1961), and acting in response to the requests of urban women.

Radel goes on,

> With the advent of independence, most Africans apparently felt that the problem of population pressure on land was solved, that the vast acreages of good agricultural land that had been farmed by the settlers were going to provide sufficient land for many decades to come. Gradually, of course, it was realized that there really was not as much land as had been supposed; and, for Kenya to maintain her level of agricultural exports, most of that land had to continue to be devoted to large-scale commercial farming and not to subsistence agriculture. Many political leaders and government officials began to identify the shortage of land as a justification for controlling population growth.[33]

Further, he writes,

> ...from the debates that have occurred and the statements issued by government since independence, it is clear that official concern about population growth stems largely from the growing realization that rapidly increasing numbers of people are bringing in their wake serious difficulties in meeting the demand for social services and employment.[34]

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[31] David Radel, "Kenya's Population and Family Planning Policy: A Challenge to Development Communications" in The Politics of Family Planning in the Third World, Ed. T. E. Smith (London: George Allen and Unwin Ltd., 1973), 67-121.

[32] Ibid., 72.

[33] Ibid., 75.

[34] Ibid., 75-76.

Demographic-economic arguments,[35] combined with the efforts of the Family Planning Association of Kenya to demonstrate public interest in family planning, persuaded the President and Cabinet to commit themselves to a national family planning program in the mid-sixties.[36] The Population Council's advisory mission was invited to Kenya soon afterwards.

Despite the perceived strong economic reasons for implementing the family planning program, "...[the] rationales for family planning are strictly couched in terms of individual and family health and welfare."[37] This situation indicates that a fundamental question remains unresolved: Is family planning primarily for the improvement of maternal and child health or is it for the advancement of social and economic development by controlling the rate of population growth?[38] Ambivalence about the basic rationale for a national family planning program is not, of course, unique to Kenya. Unfortunately, wherever it occurs, it impedes policy-making and implementation of good programs for family planning.

Presently, the Kenyan program is managed by the staff of the family planning section in the Ministry of Health. (Initially there were solely expatriate advisors; more recently the section has been staffed by Kenyans.) The Ministry identifies the greatest constraint to the program as the shortage of medical/paramedical personnel in government service: these are overburdened with existing health work and do not

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[35] Ibid., 84, "...Much of the impetus for the national policy came from the Ministry of Economic Planning and Development."

[36] Ibid., 85-98. There is a full discussion on sources of support for and opposition to Kenya's population policy.

[37] Ibid., 82.

[38] Radel cites numerous examples of ambivalent attitudes toward family planning on the part of Kenyan policy-makers and officials.

consider family planning services a priority. To alleviate the shortage, medical personnel have been imported to provide services[39] and paramedical personnel have been allowed to dispense all methods of family planning (including I.U.D.'s) after suitable training. Thus, family planning activities in Kenya have outpaced others associated with maternal/child health.[40]

Despite plans for the future expansion of the educational aspects of the program,[41] it is primarily a clinical service provided by medical personnel. (That many of these are expatriate might well make the program appear suspicious to many Kenyans.) Two contraceptives are favoured: the pill and the I.U.D.

Family planning information in Kenya has been limited to word-of-mouth (for example, by field workers and through public seminars),[42] but there exists a wider demand than can be met in this way. The women who want to plan their families often cannot do so because they lack information.[43] There is in Kenya increasing awareness of the need to educate the public about family planning.

Radel points out, however, that the public can be educated only

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[39]The Ministry's Annual Report on the National Family Planning Program, 1969, states that, "...around 80 per cent of all family planning cases are seen by expatriate staff especially recruited for family planning, mainly the Dutch teams and the mobile units."

[40]A. A. Russell, "The Kenya National Family Planning Program" in Population Growth and Economic Development in Africa, Eds. S. H. Ominde and C. N. Ejiogu (London: Heineman, 1972), 376.

[41]Ibid., 377.

[42]Radel, 111-112.

[43]D. F. Heisel, "Attitudes and Practice of Contraception in Kenya", Demography V (No. 2, 1968), 639-640.

when "...certain key groups of individuals whose support, permission, or acquiescence is required to mount such a programme have already been persuaded of the importance of the population problem and of family planning."[44] The education of these strata of society is not mentioned in the government's statements of intention.

It appears, then, that there should be in the Kenyan Program a greater emphasis on family planning education, especially for those in the above-mentioned groups. Meanwhile, however, official ambivalence over the whole issue of family planning prevails, its presence creating a political obstacle to the meeting of individual needs.

The Moroccan Program

The origin of the Moroccan Family Planning Program is identified with three things[45]:

i. The influence of the Tunisian Program (1964) and the exchange visits of high government officials of the two countries.

ii. The underlining of population problems by World Bank representatives (who pointed out that economic growth in Morocco was being equalled or exceeded by population growth).

iii. A report prepared by the Ministry of Planning (1965) which calculated the economic repercussions of rapid population growth on education, housing, employment and other factors as well as demonstrating the economic advantages of decreasing the growth rate.

In 1966 the government officially and publicly endorsed family

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[44] Radel, 116.

[45] George F. Brown, "Moroccan Family Planning Program - Progress and Problems", Demography V (No. 2, 1968), 627.

planning. The critical steps toward establishing a program were taken: legislation prohibiting contraceptive sales publicly was modified, external experts were called in for advice and support, a KAP study was made, and training government officials was initiated under the full responsibility of the Minister of Health.

The Moroccan Program is to be supported by more legislative reforms. In addition to the liberalizing of laws regarding contraceptive sales and propaganda, other changes are being considered: raising the legal age of marriage and revising the system of family allowances. Imani stresses that family planning is only one element among many others which, "...integrated into an overall plan, will be able to contribute to an improvement of the people's standard of living."[46]

Official support for this program is forthcoming in the interests of national economic development. There may be some ambivalence over this position, however, because the program is low-keyed compared with others. In fact, it may not even be meeting the existing demand for family planning information and services.[47] And the continued emphasis upon the I.U.D. may be reducing the numbers of those who practise family planning, despite their predisposition toward it.[48]

Imani gives this short description of the Moroccan program:

It is intended that the national family planning program

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[46]A. Imani, "The Family Planning Program in Morocco" in Population Growth and Economic Development in Africa, Eds. S. H. Ominde and C. N. Ejiogu, 368.

[47]Brown, 621, states that generally favorable attitudes toward family planning exist. Pradervand, in Family Planning Programs in Africa, agrees.

[48]Studies in Family Planning, Oct., 1970, reports the continued emphasis on I.U.D.'s in sections of Morocco.

> should enable families, within the cultural and religious framework of Moroccan society to choose the number of children that they want, when they want them, by putting at their disposal all the necessary means. To this end, the preparation of a program of education and information is envisaged, and this, parallel with the medical program, is principally oriented toward the use of intrauterine devices. At the same time, propaganda about the other methods has also been retained.[49]

Despite the wording of one of the objectives of the program "...to offer families the possibility of choosing from among all the contraceptive methods the one that suits them the best", a particular effort is being made to insert I.U.D.'s. This and the dispensing of other contraceptives is done "in strict collaboration" with the medical services of the Ministry of Public Health, the medical profession, and the independent chemists. The medical family planning operation is eventually to be integrated with the public health services--hospitals, dispensaries and health centers--and backed up by mobile teams. But again, in Tunisia there exists a dichotomy between the officials' reason for implementing the family planning program and the rationale presented for public consumption. And, again, its effect upon the nature of the service is undesirable.

The Tanzanian Program

In October, 1974 a national symposium on population and development was held in Tanzania. The symposium recommended the "...formation of a central body to co-ordinate and supervise all activities related to population" and "...the establishment of a national demographic institution to assist in the collection, analysis and monitoring of population

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[49]Imani, 365.

trends."[50]

The Ministry of Health has publicly endorsed the family planning ("child-spacing", in Tanzania) idea, but otherwise, Tanzania's formulation of a national population policy and the implementation of a family planning program are still in the early stages, compared with the other countries overviewed. (For this reason and because my only written source of information on the situation in Tanzania is the national newspaper, this discussion is necessarily limited.) Nevertheless, while working at the Department of Community Medicine at the Kilimanjaro Christian Medical Centre for several weeks in the fall of 1974, I had an opportunity to observe family planning activities in the Kilimanjaro Region.

Kilimanjaro is a progressive, agriculturally fertile and wealthy region in Tanzania. What is happening there is not likely to be happening anywhere else. The following is a description of family planning only in this one region, specifically in the area served by the town of Moshi.

Family planning activity focuses upon the chairwoman of the local chapter of the Family Planning Association and the hospitals--government and private. The former fills primarily an educational function, addressing various groups, organizing seminars, and generally informing the local people about family planning. She directs her efforts at all levels of the society, including persons in administrative positions as well as groups of rural women. The hospitals have family planning clinics open several days per week, where women may come for information or con-

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[50] Tanzania Daily News (Dar es Salaam: 22 Oct., 1974), 3.

traceptives. In addition to this, they teach family planning and provide contraceptives as part of the maternal/child health programs. Mobile teams who travel daily from the hospitals to the rural areas around Moshi town discuss family planning, make referrals to the hospital doctors and dispense oral contraceptives along with their other duties--the weighing and examining of children, dispensing medicine, and nutrition education.

During my stay in Moshi, a nutrition campaign organized by medical personnel and local agriculturalists was underway. When nutrition teams went out to meet with the rural villages' political leaders (the country is organized into ten-household-unit groups, represented at such meetings by an elected leader), they pointed out the importance of family planning for the health of children and mothers.

What especially impressed me about family planning activity in the Kilimanjaro Region was the genuine concern, of most of the personnel involved, for the well-being of the families in the community.

In Moshi, then, contraceptives can be obtained through hospital-associated family planning clinics and family planning information is integrated with other aspects of public education, as well as provided by clinic staff and the Family Planning Association office.

Discussion

In the first place, to what extent in these six programs is there agreement among officials and family planning personnel on the humanistic purpose in family planning?

Only one country, Tanzania, is taking a strong position on family planning for humanistic reasons. There, however, family planning policy is as yet unwritten because no official program has been embarked upon.

Kenya presents its program to the people in humanistic terms, yet was persuaded to introduce it by economic arguments. Kenya and Tunisia display inconsistent official attitudes toward family planning. In Mauritius, the family planning program argument was waged between those opposed to it for religious reasons and those who supported it for primarily economic reasons. The latter, whose evidence was obvious to all those who watched the island's population grow and spread, won. Finally, Egypt and Morocco from the outset stated their intentions to curb population growth in order to facilitate economic development.

Thus, in three of the six countries a family planning program was implemented, in the first place, to remove from the path of economic progress the hurdle of many children. And in two others, protection of a developing economy seemed a good reason for implementing a national family planning program, to at least some people of influence. This evidence, in addition to indicating degree of humanistic orientation among family planning personnel, establishes the extent to which the programs reviewed are products of the family planning rationale.

Secondly, does family planning activity enjoy consistent support in these countries?

In one case, Egypt, the answer is definitely "yes". In Morocco the answer is positive as well, but since the Moroccan program is low-keyed, that answer must be somewhat qualified. In Kenya, on the other hand, the doubts about family planning which exist in the minds of members of the elite undermine the commitment evident elsewhere. And in Mauritius, despite the good intentions of Mauritian officials, there is considerable confusion in the program because of the inconsistent recommendations made by foreign advisers and the entrenched position of the

private family planning associations. In Tunisia, the answer is a definite "no". And in Tanzania, although the government does not interfere with the work presently being done by private associations, it is too soon to tell what will happen after an official population policy is adopted.

Thus, it can only be said that two of the six programs have had the consistent support of government.

Thirdly, can the family planning services offered in these countries be perceived by the majority of people as beneficial to them?

In Mauritius, it seems that the population was ready for the program, so there it is likely perceived as beneficial. And I am inclined to think that in Egypt, the program will seem increasingly beneficial in the future. (The program's earlier problems were mentioned in footnote twenty-five.) The general conditions of life in Egypt, as well as the considerable care being taken by organizers and administrators of the program, will make it more appropriate than one might expect, considering that Egypt implemented a family planning program for economic reasons. In Tanzania, where family planning services are still very limited, demand probably exceeds supply and the services, as they slowly expand, are welcomed. In Kenya, however, the establishment of a national program may endorse an attempt to create rather than meet demands. (Some examples of the problems associated with such an approach are presented below.)[51] Finally, in Tunisia and to a lesser extent, Morocco, the attempt

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[51] P. Pradervand, ("The African Reaction to Foreign Initiatives in Population Programs", Working Paper No. 5 for the African Seminar on Relations of Population Growth to Economic Development, Dar es Salaam, 1974,), cites some "practical blunders" in two African family planning programs.

"...The mobile clinics in Tunisia in the mid-sixties...were

to create demand as well as the stress on intrauterine devices is probably more alienating than helpful.

Thus, only three of the six programs may be generally perceived as beneficial.

Although each program has met one or two of the requisites of a good program, not one meets them all, without qualification.

D. Summary

It was established in the previous chapter that the family planning rationale is an inadequate basis for a humanistic approach to family planning. In this chapter, an attempt has been made to illustrate how the rationale appears in practice.

For this purpose, selected African family planning programs have been evaluated, in humanistic terms. The basis for evaluation was derived from the criteria for a good family planning program. Accordingly,

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fitting loops on a large scale, without the women receiving information as to possible side effects. Many of these illiterate Moslem women then started having spotty bleeding and other complications and thus could not say their prayers. (Moslem women can't do their usual prayers while menstruating.) The results were that indigenous mid-wives started removing loops as fast as they went in and the Tunisian countryside has been 'lost' to the loop for years. Another example: at the Accra Population Conference in December 1971, the representative of a large international family planning organization announced triumphantly that women were flocking to their clinics in Nairobi to have contraceptive injections of Depoprovera. The women were explaining that if they were taking pills, husbands might confiscate them, if they had a loop inserted, the husbands often made them remove it; but the husbands were powerless when faced with the fait accompli of an injection. Victory? Many Africans that I have talked with consider that family planning without the consent of the husband is a failure in the African context. A baby might be avoided, but what about the harm done to the family structure? Foreign family planners don't seem to be concerned about this. Most Africans are."

the discussion of programs centered around three things:

i. The degree of commitment, among those involved, to the humanistic purpose of family planning.

ii. The constancy of government support for the family planning idea and associated activity.

iii. The probable popular perception of the implemented programs.

It became apparent, in reviewing them, that the selected programs do not meet the requisites for a good family planning program, that their potential for a humanistic approach to family planning is limited.

These programs (except for the one in Tanzania, as yet officially undefined) did not evolve from the premise that everyone has a right to know about birth control and to practise it. Of course, espousing the humanistic ideal does not guarantee an appropriate program, but still, the acknowledgement of such an ideal can facilitate improvement of existing programs and implementation of better ones in future.

The question is: How can knowledge be imparted and techniques dispersed to fulfill the desired objective? The following chapters document and summarize ideas which contribute to a humanistic approach to family planning.

CHAPTER IV

THE CONCEPT OF COMMUNITY DEVELOPMENT: ITS CONTRIBUTION TO A HUMANISTIC FAMILY PLANNING PROGRAM

> The community development movement that had its impetus in the Western World had a great deal in common with the Crusades. Intentions were good, money was not lacking initially, the enthusiasm and ignorance were present in about equal proportions. There was the same comfortable feeling that one could do good and exciting deeds, and profit at the same time.[1]

The previous chapters show that existing family planning programs have emerged from a rationale which cannot adequately serve the criteria of a good program, as defined herein. It follows that for the achievement of the stated goals, a different approach to family planning is needed. The question is: What changes are in order? Chapters Four and Five relate the search for a model for a humanistic family planning program.

First, community development literature is examined. This chapter deals with the general question: What does community development literature and experience offer to guide changes and improvements in existing national family planning programs? In order to identify what is worth transferring, it is necessary to have some general understanding of the nature and scope of community development.[2] Thus, the first section presents an overview of the field.

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[1] J. Lotz, "The Community Developer: Outsider in the Middle", International Review of Community Development, Nos. 21-22, (Dec., 1969), 261.

[2] Herein, community development refers to a particular kind of local improvement program implemented through a complementary method and

A. An Overview of Community Development

Elements of Community Development

Community development is defined by Dunham as "...organized efforts of people to improve the conditions of community life and the capacity of the people for participation, self-direction, and integrated effort in community affairs."[3] Elsewhere, Dunham goes on to say that, "Community development is accomplished by people. It seeks to work through self-help, voluntary participation, and co-operation of people in the community, but usually with technical assistance from governmental or voluntary organizations."[4]

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sponsored by government. Malcolm A. Brown's observations on community development ("Community Development, the Non-Democratic State and the Concept of 'Open-Endedness'", International Review of Community Development, Nos. 21-22 [Dec., 1969], 37) provide an appropriate frame of reference for the discussion. Brown writes,

> Discussion among workers in the field of community development as to what constitutes their legitimate area of professional concern is by no means over and a universally accepted definition of the term "community development" is yet to be agreed upon. Some common factors are however present in most definitions. These involve the ideas that members of a community do themselves meet together and reach common agreement about their community needs; that they plan what they are going to do about these needs; that their own efforts carry a major proportion of the work involved in fulfilling their plan; and that the community is assisted in the community development process by some outside organization with expert advice and technical resources.

[3]Arthur Dunham, The New Community Organization (N.Y.: Thomas Y. Crowell Company, 1970), 140. Arthur Dunham's work is heavily drawn upon because of his long-standing involvement with community development and because of his extensive and recent contributions to the literature. He is widely recognized as an authority on the subject of community development.

[4]Ibid., 171.

Dunham identifies five assumptions upon which community development rests:

i. The worth and dignity of the individual are the basic values in a democratic society.

ii. Everyone has something to contribute to the life of the community.

iii. People have the ability to learn and grow.

iv. Community change can be promoted by conscious co-operative thought, planning and action.

v. Community development provides an opportunity and a means by which the worth of an individual can be revealed, his contribution can be made and learning can take place.

The attraction of community development becomes immediately apparent. Its underlying ideology and its goals embrace many popular ideals.[5] It also seems a good source for ideas about how to improve existing family planning programs because it appears to focus upon the concerns of people: it seems sensitive to personal opinions and feelings too often ignored or discounted in the name of development.

Historical Development

The community development literature lends itself to several dif-

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[5] Idealism is strong in community developers. For example, Cochrane describes what community development might accomplish if it were practised as it should be (Glynn Cochrane, "Strategy in Community Development", Journal of Developing Areas IV [Oct., 1969], 5-12) and, under the heading "Some Realistic Expectations", Biddle (William W. Biddle, "Deflating the Community Developer", Community Development Journal III [Oct., 1968], 193-194) presents some idealistic ones.

ferent kinds of historical summaries.[6] Here, two fundamental changes which have occurred in the community development movement are emphasized.

Dunham, summarizing the nature and characteristics of modern community development, states,

> The goal of community development is, essentially, to make it possible for everyone to have at least the minimum essentials of "the good life"[7] in a community where people possess qualities of participation, self-direction and co-operation.[8]

His emphasis upon participation, self-direction, and co-operation is not unique in the community development literature; these same attractive ingredients, which make community development sound good, appear in the formula time and time again. For example, here is an early working definition of community development:

> The term came into international usage to connote the processes by which the efforts of the people themselves are united with those of governmental authorities to improve the economic, social and cultural conditions of communities, to integrate these communities into the life of the nation, and to enable them to contribute fully to national progress.

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[6]For a description of the origins of "community development" see Carl C. Taylor, et al, India's Roots of Democracy (Bombay: Orient Longman's, 1965), 585-592 and David Brokensha and Peter Hodge, Community Development: An Interpretation (San Francisco: Chandler Publishing Co., 1969), Chapter II. Dunham briefly presents the history of community development in the UN. (See "Community Development - Whither Bound?", Community Development Journal [Apr., 1970], 87-88). For a longer overview of UN involvement in community development, see Julia Henderson, "The UN's Approach to Social Development", Community Development Journal VI (Summer, 1971), 69-78. Lotz gives the shortest overall view in the article entitled "Is Community Development Necessary?", Anthropologica IX, No. 2 (1967), 5-8. The most thorough yet concise account of community development appears in the International Encyclopedia of the Social Sciences. It is written by Irwin T. Saunders. (See "Community: Community Development", International Encyclopedia of the Social Sciences, III [1968], 169-174).

[7]Dunham defines the "good life" on pages 25-26 of The New Community Organization.

[8]Ibid., 172.

> This complex of processes is then made up of two essential elements: the participation by the people themselves in efforts to improve their level of living with as much reliance as possible on their own initiative; and the provision of technical and other services in ways which encourage initiative, self-help and mutual help and make them more effective. It is expressed in programs designed to achieve a wider variety of specific improvements.[9]

In this definition participation and co-operation are stressed. The desirability of self-direction is not, however, explicitly stated. This omission illustrates one fundamental change in community development which has occurred over the past two decades. More recently the literature has emphasized non-material goals of the community development process over such material goals as improved housing, health, and diet.[10] The experience of self-determination, as well as a more rational outlook and a rise in expectations, are three of the non-material goals that community developers increasingly strive for.

The other change is the "...gradual though uneven movement away from the particularistic approach that characterized community development during the 1950's and early 1960's."[11] This change occurred as a result of the convergence of a number of factors which cast doubt upon the validity of certain aspects of community development concepts and practices.[12]

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[9]From a publication of the UN Social and Economic Council, 1956, as quoted in UN Department of Economic and Social Affairs, Popular Participation in Development: Emerging Trends in Community Development (N.Y.: 1971), 2.

[10]Charles J. Erasmus, "Community Development and the Encogido Syndrome, Human Organization XXVII (Spring, 1968), 65.

[11]UN, Popular Participation in Development, 4 and Arthur Dunham, "Currents in Community Development in Newly Developing Countries", Community Development Journal II (Jan., 1967), 13.

[12]UN, Popular Participation in Development, 4. "Among these [the

Summary

In the poorer countries, then, community development embodies the idea of local improvement through local effort, with attention to local opinion. Over the years it has tended toward a greater emphasis upon imparting the means whereby local activity, once begun, will perpetuate itself. It has also tended toward the integration of such activity with national ambitions and plans. As will become evident in the next section, these two "changes" simply perpetuated a dichotomy inherent in community development. Nevertheless, the temptation to respect the philosophy is great because community development has always been described in terms which represent popular humanistic, political and social ideals.

Critical Analysis

Whether or not community development embodies a coherent and practical ideology is debatable.

The most recent comprehensive list of characteristics of community development is Dunham's.[13] Summing up, Dunham identifies the following as the prominent values of community development:

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factors] were: the disappointing results in a number of countries having community development programs; the proliferation of projects often unrelated to one another and whose benefits tended to be small in relationship to their cost; the inadequate participation of economically disadvantaged individuals in the gains of development; the insufficient viability of the village and its associated institutions as a basis for development; and a growing belief that community development, as it was practised, was not supportive enough of overall plans for national development."

[13]Arthur Dunham, The New Community Organization, 172-175. See Appendix II for Dunham's list.

> ...an emphasis on the whole community and all aspects of life; helping people to develop qualities of self-awareness, participation and involvement in community affairs, self-direction, and cooperation; the use of consensus where it can be achieved; self-help; basing programs on felt needs so far as feasible; and an emphasis on the integration of specialities in the service of the community.[14] [Underlining mine.]

A close look at these values and principles of community development reveals some of them to be based upon false assumptions about the conditions of life in many less developed countries. Others are incompatible. Still others are impracticable.[15] A selective summary of the case against community development, dealing with the items on Dunham's list, is presented below.[16]

In the first place, is it possible to delineate a "community" i) in which there is a large number of people with a common need and,

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[14] Ibid., 192.

[15] Various writers have critically analysed the ideology and practice of community development. For example, there are several extensive observations and evaluations of the Indian community development program, now more than two decades old. Much of what has been written in these articles is relevant to national community development efforts generally. See (a) Gurchara S. Basran, "Community Development Program in India", Sociology of Rural Development, Eds. Carle C. Zimmerman and Richard E. DuWors (Vancouver: Copp Clark Publishing Co., 1970) and (b) B. Mukerji, Community Development in India (Bombay: Orient Longman's, Revised Edition, 1967), as well as relevant portions of (c) A. H. Hanson, The Process of Planning: A Study of India's Five-Year Plans (London: Oxford University Press, 1966); (d) S. Kesava Iyengar, Fifteen Years of Democratic Planning, Volume II (London: Asia Publishing House, 1965); (e) Barrington Moore, Jr., Social Origins of Dictatorship and Democracy (Boston: Beacon Press, 1966); (f) W. H. Morris-Jones, The Government and Politics of India (London: Hutchinson University Library, 2nd Edition, 1967); (g) Gunnar Myrdal, Asian Drama: An Inquiry Into the Poverty of Nations (N.Y.: Twentieth Century Fund, 1968); (h) George Rosen, Democracy and Economic Change in India (Berkely: University of California Press, 1967); and (i) Carl C. Taylor et al, India's Roots of Democracy.

[16] The article by Erasmus with comments of David Brokensha, Richard DuWors, Arthur K. Davis, and Roland L. Warren provides a good introduction to the critical literature.

ii) where existing social disparities will not undermine the success of any program oriented toward meeting such a need through co-operative effort? In other words, is there a sizeable group of people who have the social and physical resources required to set priorities by consensus and achieve them through cooperation among themselves and with higher authorities?[17] The "community" understood as "village" or "locality" does not provide a ready answer to this question. Still, such a geographically defined unit is often the focus of community development efforts.

Secondly, what about self-awareness and participation? If these have not been valued elements of the traditional culture, surely it is only his naivety and arrogance which convince the community developer that he, during a brief period of involvement with them, can evoke such qualities from a group of people. Yet this is the community developer's unconditional claim: to develop self-awareness and participation in community affairs.

Self-direction? Brown identifies two main implications which are built into the definition of community development,

> Firstly, that there is power in the community, once it can be organized and channelled toward a common purpose; and secondly, that communities have the right to decide for themselves to which particular goal they will direct their efforts.[18]

Brown then goes on to say that these concepts (power from within and self-determination) "...are rooted and grounded in democratic thought

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[17] See Erasmus, Human Organization, XXVII, 68-69, for a relevant discussion of "co-operation".

[18] Malcolm A. Brown, International Review of Community Development, 1969, 37.

whilst the environment in which many community developers seek to work, is not."[19] He points out that community power "...can be a serious threat to local administrative structures, tribal chiefs, and even to central governments."[20]

All this is one source of the ambivalence in community development--a rhetoric which espouses but cannot deliver the distribution of power. Riggs succinctly states the problem associated with the concept of self-determination.

> Community development, as a movement, has exhibited a curious ambivalence. It is as though it were torn by a dialectic between the thesis of centralized planning and economic urgencies and the antithesis of localized autonomies and democratic ideals. Those whose primary goals involve rapid social and economic growth tend to see community development as a means to mobilize mass support for their centrally designed goals, whereas the utopian spokesmen for local autonomy and community power view the community development movement as a way of returning to the people a greater measure of control over their own destinies.[21]

As for consensus, the fact is that absence of consensus is a more common feature of social life. Divergence of opinion and conflict over differences of opinion or different values abound. The consensus model cherished by community development is only one way to bring about social change. It does not follow that it is the preferred or the best or the most effective way.[22]

Regarding self-help: if the level of socio-political particips-

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[19] Ibid., 37.

[20] Ibid., 38.

[21] Fred W. Riggs, Foreword to E. H. Vaslan, Community Development Programs and Rural Local Government (N.Y.: Praeger Publishers, 1970), vii.

[22] Arthur Dunham, "Community Development - Whither Bound?", Community Development Journal V.

tion is low, can one reasonably expect people to engage in self-help programs to any significant degree? The problems of motivating them to do so have already been mentioned. Furthermore, Erasmus[23] points out that a program emphasizing the self-sufficient household (as many community development programs do) actually helps "...to preserve the primitive form of invidious comparison"; that is, egalitarian poverty. Erasmus[24] also argues that local improvements accomplished through self-help are anachronistic in that with economic advancement, capital formation is accomplished through tax methods more modern than "voluntary" corvée labor.

Next, consider the concept of felt need. In his book dealing with communications in Africa, Doob describes the concept in this way:

> People, it is said, are more likely to change their community when the initiative comes from themselves rather than from government. They are willing to make sacrifices which they would reject from interlopers. They are thus in a mood to be instructed, that is, to receive and react favorably to communications. There is no discrepancy between their comprehension and their predispositions or needs; those needs, being unreduced, lead to the actions involved in improving or developing their community.[25]

One inconsistency of the felt needs concept becomes immediately apparent.[26] To say that community development is based upon the felt needs of the people is to misrepresent the case. The community development program is sponsored and implemented by government and government officials, that is, by "interlopers". The initiative of the community is only welcome if it is aligned with what the government wants for the

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[23]Erasmus, Human Organization, XXVII, 66-67.

[24]Ibid., 67-68.

[25]Leonard W. Doob, Communication in Africa: A Search for Boundaries (New Haven: Yale University Press, 1961), 311.

[26]Erasmus, Human Organization, XXVII, 65, discusses this inconsistency.

community. Those things are often desirable but less often desired by the people concerned. For example, a group of East African villagers preferred one improvement over all others for their village: more huts in which the men could sit around, drink local beer and talk. A higher authority to whom this village plan was submitted disregarded it and substituted for it the extension of the school building so that medical personnel, making their monthly visit, would not displace the students. (The mobile team used the only suitable space available--a schoolroom--to set up their clinic.)

Doob goes on,

> The idea of the "felt need",...appears to be a pleasant fiction most palatable to people with democratic, grass-roots leanings, but not an entirely accurate reflection of reality. First, according to some experts, it is "naive" to think that people will spontaneously feel and then express the needs which, from an outsider's standpoint, are being unsatisfactorily reduced.... Also the people may feel the need to achieve a particular goal (e.g., abolishing a disease), but find the means proposed not in harmony with other habits. If that is so, then the task becomes one of strengthening the felt need and deliberately changing preferences concerning means.[27]

Whenever it is assumed that a group's felt needs are those which official outsiders think the group should feel, the concept becomes another source of ambivalence in community development. And, as Doob points out, even a "genuine" felt need is not easily met, given the different frames of reference of the local people and the sources of outside help.

Defense for the felt needs concept rests upon the extent to which it signifies determination to respond to rather than impose ideas and practices upon a group. Such attention to others' needs, as they themselves perceive them, is worth transferring to the family planning move-

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[27]Doob, 311.

ment. This matter will be dealt with again in the next section of this chapter.

"Integration of specialities" rounds out Dunham's short list. It is the other item with relevance for the improvement of family planning programs. Too often the efforts made by community developers to integrate the efforts of other government departments have aroused resentment, thereby diminishing the potential of the idea. Nevertheless, I think that the principle of integration, that is, recognizing the existence of the whole, is one worth preserving and the way in which it applies to family planning will also be discussed in the next section.

Discussion

It is worth noting that the last two items are the only two which will be pursued. Dunham's placement of the concept of felt needs and the principle of integration at the end of his short list[28] is probably deliberate. Kramer[29] and others go so far as to distill felt needs and integration right out of the essence of community development. They base their observations of community development upon its other aspects. Thus, Kramer summarized the case against community development this way:

> ...[community development], with its emphasis on local self-help, participatory democracy and community integration by means of consensual and apolitical processes tended to conflict with the essential character of the dominant decision-making struc-

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[28]As quoted at the beginning of this section.

[29]Ralph N. Kramer, "The Influence of Sponsorship, Professionalism and the Civic Culture on the Theory and Practise of Community Development", International Review of Community Development, Nos. 25-26 (Spring, 1971), 221-236. The article consists of the last chapter of Kramer's book, Community Development in Israel and the Netherlands (Berkely: University of California, Institute of International Studies, 1970).

tures: verzuiling in Holland and partisan politics in Israel.[30] It is reasonable to conclude that community development would likewise conflict with other decision-making structures, many of those in less developed countries included.

A retrospective glance at Dunham's list shows it to hold much less promise than might be expected. The basic premises of community development have been overcast with doubts about their validity. Furthermore, only two ideas now peripherally associated with community development seem to hold relevance for better family planning programs. And one of these, felt needs, is the focus of a controversial debate, while the other, integration, has received little attention in the literature.

Yet there is some value in considering new directions for family planning programs in the light of the community development experience. The value to be derived from such an endeavour becomes evident in the next section.

B. The Relevance of Community Development for Family Planning

Despite its shortcomings, community development has been a popular development strategy. It possesses some positive attributes, but it seems that insufficient attention has been given to the inherent weaknesses of community development and therefore it has been introduced more widely than it deserved to be. In this respect and others, the history of community development programs parallels that of family planning programs. The first part of this section deals briefly with similarities between the two; the second, with those principles of community development

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[30] Ibid., 221.

which, if observed, would improve the provision of family planning services in developing countries.

Comparison of Community Development Programs and Family Planning Programs

The intention behind most community development programs in the less developed countries has been to stimulate local effort for local improvement with some attention to local opinion, yet in accordance with national priorities. The ultimate source of the stimulus is usually a government which views community development as a strategy for national development. The nature of the stimulus varies. It commonly has an educational aspect, however, which employs, in addition to appeals to reason, some combination of persuasion, coercion, and material or moral incentives. The "locality" is sub-national and sub-regional in scale, for example, a traditional village, a new village or part of a city. "Improvement" includes i) the provision of basic needs such as safe water supplies, sewage systems, and so on; ii)the organization of basic services such as schools or hospitals and iii) the adoption of more modern attitudes by the people. All this may be undertaken through a program of political education which attempts to teach good citizenship as defined by the government.

The assumptions and ideas underlying this particular way of doing things has already been criticized: the community development rhetoric has emerged from some unfounded assumptions; it is ambivalent. Ideological shortcomings are compounded by the fact that to man a large-scale community development program, such as those which exist in several countries of Africa and Asia, requires more qualified manpower than is

available.[31] Yet despite all this and despite the lack of evidence testifying to the potential of community development to achieve the desired results, community development programs have been presented (especially by the British and the Americans)[32] and accepted (by the governments of poor countries)[33] as a quick recipe for modernization.[34]

Several points of similarity between the history of the community development movement and the history of family planning in the less developed countries become apparent. Both the national community development program and the national family planning program have usually been encouraged from outside the country. Community development programs have, in the past, enjoyed the same international prestige and popularity[35] that family planning programs do now. Both endeavours require more political commitment and better qualified personnel than are available.[36] There is another significant similarity: both community development and family

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[31] Dunham, "Currents in Community Development in Newly Developing Countries", Community Development Journal II, (Jan., 1967), 9.

[32] Community development evolved from the British colonial experience and the American extension experience.

[33] A most reasonable move, considering the promise and method of community development and these states' scarce resources and high aspirations.

[34] Jim Lotz, "Is Community Development Necessary?", Anthropologica IX, 8. "The community development process has been widely touted throughout the world as a simple way of solving complex problems, and as a shortcut to economic solvency, social stability, and political freedom."

[35] Dunham, "Currents in Community Development", Community Development Journal II, 9 and 14 and "Community Development - Whither Bound?", Community Development Journal V, 85. In both articles Dunham describes the spreading of enthusiasm for community development and community development programs in the 1960's.

[36] Dunham, "Currents in Community Development", Community Development Journal V, 10. Dunham identifies "training of personnel" as one of

planning are commonly considered by those involved with them to be vital ingredients of national development effort whereas, in fact, there is much evidence which indicates that they are not.[37] As far as family planning is concerned, this observation has already been discussed.[38] Regarding community development, it can be effectively argued that a community development program offers an opportunity for national governments to bypass the greater, more basic issues, which hinder development.[39] For example, if the established socio-economic structure which oppresses certain parts of the rural population is not modified by such measures as enforced legislative reforms, then no amount of local improvement or increased productivity in the countryside, sponsored by community development, will

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five major problems in community development. Among four other problems he lists "...the interpretation and enlistment of adequate moral and financial support for community development programs. Dunham's concluding sentence under this item, "How shall the community development leader produce reports that are objective, realistic and basically truthful and yet at the same time 'make a case' for community development and effectively promote its claims for support?" is reminiscent of others pertaining to family planning. (See Raulet, Demography VII.) One must ask to what extent efforts to "build a case" distort the observations of community developers and family planners.

[37]Biddle, Community Development Journal III, 191. "Several extravagant expectations either have been openly stated or implied in the thinking, writing and work of community developers. Perhaps the most flamboyant and vague has been the assertion that their work was an essential element in 'nation building'." Biddle goes on to explain how numerous nations have set up community development ministries which facilitate the use of community development programs by whatever faction is in power, for their own purposes. He writes, "This subverting of local development programs to serve the often fluctuating policies of political masters, has been one of the causes of disillusionment and disappointment at the outcomes of community development. Too often it has served the interests of whatever person or junta could control, rather than the long-run interests of the nation or of humanity."

[38]See Chapter II.

[39]The Indian situation is a case in point. The relevant literature was referred to previously.

bring the poor a better life in the long run. The existing socio-economic structures may even prevent the poor, that is, the over-whelming majority of the population, from enjoying minor benefits from their efforts.

The history of community development and that of family planning illustrate well how eagerness to accomplish "development" has led to irrationality, misplaced confidence, and false expectations in both programs. This situation has, in turn, led to the misallocation of precious resources, both local and international.

More serious a consequence of unwarranted enthusiasm is the havoc it wreaks in many thousands of lives. Community development programs have been disruptive in their own way, often raising false hopes. Family planning programs, because they interfere with matters at the very core of human existence, can be equally if not more disruptive. The officially perceived pressures of population increase make good grist for the mill of necessity: it is felt that something has to be done. And it is frequently done to those who are unable to protect themselves from the intentions and thoughtless actions of people in places of authority.

The community development experience, especially because it parallels current family planning efforts, speaks for the importance of examining carefully the premises upon which action is based and evaluating continuously the nature of the result. I am convinced that family planning programs require far more careful consideration than they usually receive.

Principles Worth Applying to Family Planning

Two things would begin to meet the need for greater care in the handling of family planning programs. One is more sensitivity on the part

of family planners to the conditions and ways of life of the people whom their family planning efforts affect; the other is integration of family planning services with existing social services.[40] The first of these (and it is necessarily first) relates to the felt needs concept of community development while the second is an extension of the community development principle of integration.

Response to Need

Where infant mortality is high, causing concern and uncertainty among parents, needs for the assurance of better health and longer life for children have priority over the teaching of birth control methods and provision of contraceptive supplies.[41]

High mortality is one of the significant facts of life which deserves acknowledgement by family planners. Freedman[42] identifies five others. In addition to the condition of relatively low mortality for some time, these are the other necessary conditions of a decline in fertility:

i. Significant social development has already occurred.

ii. There is evidence that many people, wanting moderate-size families, are beginning to try to limit family size.

iii. There are effective social networks transcending local communities through which family planning ideas and services and other moder-

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[40]"Social services" here implies a broad spectrum of services for society, not merely welfare services.

[41]This is Pradervand's basic argument in Family Planning Programs in Africa.

[42]R. Freedman, "The Transition from High to Low Fertility: Challenge to Demographers", Population Index, XXXI (Oct., 1965), 417-435.

nizing influences can be disseminated.

iv. There are large-scale, effectively organized efforts to disseminate family planning ideas and information. [Freedman underlines "organized".]

v. Such new contraceptives as the I.U.D. or contraceptive pills are effectively available.

The first, second and third of these five items (as well as the level of mortality) create the context of life in which family planning programs can appropriately intervene.

Freedman's comments on the conditions for fertility decline[43] are worth noting. He states that fertility is likely to decline most rapidly where a kind of social development that decreases dependence on local kinship and community ties has significantly begun. "As long as getting the things worth having in a society depends mainly on local kinship-based institutions, rapid fertility decline is unlikely."[44]

Freedman considers it desirable, from a policy point of view, to begin family planning programs early in the development process but he doubts that such programs will become effective until couples feel

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[43] Ibid., 418-420.

[44] J. Mayone Stycos and Kurt W. Back, in The Control of Human Fertility in Jamaica (Ithaca, N.Y.: Cornell University Press, 1964), 292-294, also discuss the conditions for effective fertility control. One of their conditions, "social organizational facilitation of the ends and means", must be included in the "social development" Freedman refers to. Stycos and Back (293-294) write,

> "...[Such facilitation]...refers largely to a family structure such that values and knowledge can be realized and expedited by the conjugal pair. Where limited communication occurs between spouses on sexual matters, the range of knowledge readily available to any one of the pair is inhibited. Where the focus of authority of decision making resides with the least interested partner, the likelihood of family planning is lessened."

reasonably sure that the number of children they want will survive and until parents observe about them and experience, themselves, the problems of excess fertility.

According to Freedman, one indication of the existence of a family-size problem is the extent of use of abortion, contraception, or other means to limit family size. But these practices do not depend upon a family planning program. As Freedman points out, it is likely that information and social validation for family-limitation practices develop over time, primarily through interaction in informal networks of friends, relatives and neighbours. This process is linked to sources of information and supplies by the mass media and commercial networks.

There is no formula by which to gauge the readiness of people for family planning but this much seems obvious: where basic survival needs go unmet, where the health of the majority is poor, where infant deaths are common, where there is widespread anxiety over sterility, the time is not right for family planning--at least, not for family planning programs as they now exist. In fact, the assignment of family planning duties to medically-trained personnel who could be attending to these other matters represents a serious misallocation of resources.

This brings me to the second point.

Integration

Family planning services comprise only one portion of the complement of services which can enhance life. Family planning education should thus be a part of general education in schools, in existing information programs of the media, in extension projects, or in whatever

channels of information exist. Family planning services should be a part of a preventive health service package. Safe contraceptives should be available where other body- and health-related products are obtained. Thereby family planning activity would expand and develop in phase with other services rather than growing independently and often wildly and inappropriately in the social context.

Freedman's further comments on the conditions for low fertility support this point of view. He writes,

> ...where the other conditions are favorable, a well organized program to bring family planning to a population will accelerate fertility decline by speeding up the diffusion of family planning practices....I believe that...[it does so] by providing better information to circulate in the widening social networks by rationalizing service and supplies, and by providing important social legitimation for the new ideas. [Underlining mine.][45]

Schramm puts the idea this way: "Population programs must be treated as a part of the larger world to which they belong--the general process of development."[46]

I think that family planning in most developing countries neither needs nor deserves the elaborate bureaucratic hierarchy and the special designations of money and personnel which accompany the status of "program". The question is: How can a "popularization" of family planning activity, in response to the need for it, be achieved? Some answers to this question are found in the family planning literature.

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[45] Ibid.

[46] Wilbur Schramm, "Family Planning Information in the 1970's", W. Bert Johnson et al, Eds., Information, Education and Communication for Population and Family Planning: A Guide for National Action (University of Chicago: Community and Family Study Centre, 1973), 28-29.

CHAPTER V

EMERGENT TRENDS IN FAMILY PLANNING

> ...one can envisage that a certain and maybe even considerable demand for contraceptive services might arise, especially in urban areas, as a result of dire poverty of unprecedented severity (as exists in towns like Djakarta, Calcutta or Mexico City). But this will in no way be family planning--a rational attempt to organize one's future--but the "contraception of despair"--desperately poor families and women unable to cope with unpredictable and constantly changing situations. These are the families and women who are already resorting to illegitimate abortions on a growing scale. No doubt contraception would be better than such abortions often performed in a medically dangerous and humanly humiliating manner, but social justice and a more adequate distribution of resources are better than contraception enforced by dismal poverty on a woman who might choose another child if social and economic conditions permitted this.[1]

It was stated in the previous chapter that those who heed the admonition to handle a family planning program with care would try to respect the feelings and opinions of others whom the programs affect; also, they would appreciate that family planning activity deserves no priority over other developmental efforts, but must be integrated[2] with them.

These attitudes are at least discernable and occasionally well-articulated in the family planning literature. Some writers even go on

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[1]P. Pradervand, "Realistic Approaches to the Acceptance of Family Planning in Africa", Working Paper No. 2 for African Seminar on Relation of Population Growth to Economic Development, Dar es Salaam, 1974 (Unpublished Paper: Oct., 1973).

[2]That is, family planning education should be integrated with general education; family planning services, with general health and social services.

to describe the kinds of action which logically follow. On the other hand, there are still many dealing with matters intended to improve program effectiveness primarily in terms of decreasing birth rates as quickly as possible, rather than those things which would improve the nature and quality of the family planning service provided.

In this chapter, evidence of a humanistic attitude among program observers and planners is presented, some of the ideas in the literature are criticized and appropriate directions for family planning are discussed.

A. Overview

A. J. Coale is representative of one group of family planners. Regarded by some as birth-rate-oriented, he has, nevertheless, acknowledged that,

> ...family planning programs are not an alternative to social and economic development, but an integral part of such development. In fact the first reason for offering education in family planning and in offering family planning facilities under government auspices is to enable each couple to understand the implications of different child-spacing and different numbers of children, to realize that it is possible to choose the spacing and the number, and to have available the means of realizing the choice that they make.[3]

Coale goes on to say,

> These opportunities are, in themselves, one of the advantages that the members of a modern society enjoy, and should be as soon as possible the privilege of couples living in developing countries as well. In other words, the first reason for government intervention in the family planning field is simply to make available, more rapidly than would happen without government intervention, a form of welfare that is typically enjoyed by the citizens of more developed countries. Such intervention is in the same spirit that the Government intervenes to offer public education, or tries to improve nutrition, or employment opportunities, and

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[3]A. J. Coale, "Conclusion", in S. H. Ominde and O. N. Ejiogu, Population Growth and Economic Development in Africa (London: Heinemann, 1972), 399.

> so on. In addition, as the use of contraceptives reduces the number of births, the success of many aspects of overall development plans is promoted.[4]

Coale speaks of program integration and the personal benefits of family planning. However, because he merely injects these into a rationale which resembles that discussed in Chapter Two,[5] he is neither as convinced nor as convincing on these matters as some others are.

Those who take Coale's position often circumvent the full implication of what they say and advocate uni-purpose family planning programs, confident that such programs will significantly reduce rates of population growth and that this is unconditionally desirable.

D. Glass is one who challenges these assumptions:

> Direct programs for spreading the use of birth control are, ..., only a small part of the action in which developing societies will require to engage. The largest part will have to consist of planned economic and social development--and development at a considerably higher rate than appears to have been evident so far. This will be needed because, without an improvement in levels of living, birth control programs may well be empty frameworks. And development will have to be at a pace sufficient to ensure higher levels of living while at the same time meeting the further population growth which is a function of present age-structure and which, short of catastrophe, is therefore bound to take place even if fertility falls sharply.[6]

In a similar vein, W. Rich has written, "The evidence...indicates that policies combining economic and social benefits of progress and easy access to family planning services can bring about a much greater reduction in fertility than can any one of these factors alone."[7] Rich then

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[4] Ibid.

[5] This becomes evident as one reads the remainder of the conclusion.

[6] Glass, 23.

[7] William Rich, Smaller Families Through Social and Economic Progress (Washington: Overseas Development Council, 1973).

states, "...The composite variable that may in fact have the greatest influence on the small family norm is the combination of factors that expand the individuals' interests and sources of satisfaction beyond the traditional family."

These two opinions serve to point out the futility (if not the inhumanity) of simply launching a family planning program in a less developed country in order to bring about a decline in the birth rate and, thereby, to build up the economy. To the extent that these arguments persuade family planners to re-examine their approach, they serve the interests of the people concerned. But, once convinced that their ways of affecting birth rates are not very effective, how do the experts respond?

Unfortunately, there are many observers and specialists whose suggestions for change will only patch-up the existing programs to perhaps more effectively achieve a decrease in numbers, rather than inspire new programs which could appropriately meet existing needs.[8] Among the undesirable suggestions are administrative streamlining and direct incentive schemes.

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[8]A.I.D., Rapid Population Growth: Consequences and Policy Implications (Baltimore: Johns Hopkins Press, 1971), 81. The sources of such suggestions would not question the goals of family planning programs as outlined below. Nor would they recognize the dichotomy in the introductory sentence.

> "Governmental family planning programs may have other goals than reducing population growth by lowering birth rates, though this is a prime objective in many less developed countries, particularly in Asia.
> These other objectives include
> 1. increasing the ability and freedom of married couples (particularly poor or ignorant ones who do not have access to private medical care) to determine the number and spacing of their children;
> 2. reducing the number of illegal (and therefore often hazardous or even fatal) abortions by enabling women who do not want to bear a child to substitute safe contraceptive methods for

Administrative Streamlining

Recommendations for administrative streamlining are primarily objectionable because they assume the inherent "rightness" of existing programs, thus precluding critical examination of the founding premises of these programs.

For example, Austin's article[9] diagnoses the nature of the management problem in family planning programs very perceptively. He also prescribes effective treatment. However, he begins by identifying inadequate management as "...an increasingly severe constraint on the successful expansion of family planning programs throughout the world."[10] From this starting point he cannot reach the place where one asks: What is the nature of the existing family planning programs, and should they be expanded throughout the world?

Austin does arrive at a number of suggestions that would prove valuable if they were applied in an appropriate family planning program context. Otherwise, though, they will only serve to prolong the existence

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abortion;
3. improving the health of mothers by helping them avoid too many or too closely spaced pregnancies;
4. reducing the number of illegitimate births;
5. protecting the health and welfare of children by persuading and helping parents to limit the size of their families and to lengthen the interval between births; and
6. helping to alleviate poverty by reducing the economic burden on parents created by large numbers of children."

[9]Austin, "The Management Bottleneck in Family Planning Programs", Studies in Family Planning IV (Dec., 1973), 343-350.

[10]Ibid., 343. Austin goes on to say, "...Management problems in family planning programs stem from a number of tenacious causes that will not be eradicated easily. Nonetheless, the management bottleneck must be confronted if the movement is to go forward with the speed required to contain the pressures of an ever-burgeoning population."

of inadequate programs.

Banerjee's paper pertaining to administrative matters in family planning programs[11] more closely approaches the preferred conceptual framework than does Austin's. Banerjee identifies four distinctive features of a family planning program which set it apart from uni-function or uni-purpose organizations. "In the first place," he writes, "family planning is a multi-functional program:

> i. its objectives include not only control and decline of birth rate, but also family welfare--preserving mother's health by a proper spacing of children and reducing their number, maintaining family living standards and protection of the physical and mental well-being of the future generation;
>
> ii. it requires the active cooperation and collaboration of a number of government agencies dealing with public health, medical care, education, demography, social work, and even industry and statistics."[12]

The other three distinguishing characteristics of a family planning program are, according to Banerjee, i) that family planning is dependent upon its ability to induce change in the social environment; ii) that massive educational effort which family planning needs cannot be put in without involving a variety of institutions and organizations, opinion leaders and social workers; and iii) that the human relations aspects of administration are much more pronounced in family planning than in many other programs, as lack of timely and effective responsiveness to the clientele can defeat the very success of the program itself.

I disagree with some of the specific recommendations for improving family planning administration which Banerjee derives from his list

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[11] A. M. Banerjee, Administrative Components of a Family Planning Program, I.P.P.F., S.E.A.O.R. Monograph No. 3 (Kuala Lumpur: 1972).

[12] Ibid., 3.

of special characteristics. But, at least from the outset, it is apparent that his view of family planning is not atomized.

Direct Incentives

Direct incentives are payments of money or goods to both personnel and acceptors involved in a family planning program. Rosenfield summarizes the arguments against them: "Some claim that when government programs are developed with direct incentive schemes the potential for corruption, misreporting, and coercion increases."[13]

In his article Rosenfield dismisses these arguments and mentions the use of direct incentives as one way to "improve" family planning programs.[14] He is not the only one.[15] Among others is Bryan D. Hickman, who prepared a study for U.S. A.I.D., entitled "Economic Incentives:

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[13]Allen G. Rosenfield, "Family Planning Programs: Can More Be Done?", Studies in Family Planning V (Apr., 1974), 120.
F. W. Notestein points out, furthermore, "It is quite possible that to poor and harassed people financial inducements will amount to coercion and not to an enlargement of their freedom of choice." Notestein is quoted (from B. Berelson, Ed., Family Planning and Population Programs [Chicago: University of Chicago Press, 1966], 829) by Lenni W. Kangas, "Integrated Incentives for Fertility Control", Science CLXIX (25 Sept., 1970), 127.

[14]Rosenfield's other items, like Austin's, could prove valuable in the preferred general context but they are, in fact, put forward because Rosenfield thinks that "...they may be easier to implement than many suggested social and legal innovations." (This point of view, expressed a decade ago by Dudley Kirk, was criticized in Chapter II.) Curiously, in the same sentence, Rosenfield admits that the various proposals he suggests are themselves "...sometimes difficult, controversial, and may require strong commitment."

[15]See Everett M. Rogers, "Incentives in the Diffusion of Family Planning Innovations", Studies in Family Planning II (Dec., 1971), 241-247, for an overview of incentives in family planning. Rogers presents a typology of incentives and sets forth their general effects.

A Strategy for Family Planning Programs".[16] Hickman argues that the large-scale payment of incentives in money or kind, directly to a couple, is "administratively feasible and within the scope of present government budgets." The conclusion he reaches is that although it remains to be seen precisely how much large incentives will increase demand for family planning, "It is reasonably clear that without them currently planned targets for fertility reduction may not be achieved in most countries."[17]

Kangas expands the incentives idea to include not only incentives applicable to fertile couples or contraceptive acceptors, and reward systems consisting of only one kind of payment, but rather, systems representing a multi-dimensional and reinforcing mix of incentives designed for individuals, groups and larger communities. His conclusion about incentives is quoted below:

> Just as development programs in areas such as agriculture have gradually come to understand and employ a "package," or systems, approach, so it seems that population programs should broaden their action horizons. Recent experience with managed attempts to increase agricultural production in developing societies has demonstrated that peasants do respond to material incentives that are sufficiently large and are also clearly understood. Incentive systems for fertility control, despite their widely discussed imperfections, provide the promise of being practical instruments for constructing similar packages. What seems needed now is bolder experimentation to determine their effectiveness and administrative feasibility and less speculation about their possible shortcomings.[18]

The expanded concept of incentives is somewhat aligned with arguments for general development, but in my opinion, the claims against

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[16]Bryan D. Hickman, Economic Incentives: A Strategy for Family Planning Programs (Washington, D.C.: Tempo Centre for Advanced Studies, Prepared for A.I.D., 1972).

[17]Ibid.

[18]Lenni W. Kangas, Science CLXIX, 1283.

direct incentives are serious enough to completely eliminate them from consideration.

The Wrong Approach

All the enthusiasm over incentives seems to be representative of the "heavy-handed Western approach".[19] Pradervand describes its consequences in Africa.

> Until now, Western--mostly American--approaches have been characterized by a serious lack of understanding of the African scene. Efforts have been concentrated on offering more services, completely neglecting the whole aspect of motivation. A view frequently propounded by specialists in the Sixties was that getting family planning adopted was mainly a question of better organization and administration, more research..., more widespread services, and especially better technology....This too narrow approach, ...most conveniently enabled specialists to sidestep all the main issues involved in the field of structural change and reform, distribution of resources, creating new motivation, et cetera.[20]

Emphasis on motivation, however, does not guarantee attention to those "main issues" Pradervand refers to. Often in the literature "motivating" is equated with "persuading". This equation derives from the family planning rationale. The appropriate concept of motivation, on the other hand, is based upon a humanistic concept of family planning.

> Family planning should basically be an educational process, the conscious mastering of one's fertility by a couple or by a single individual, with an insistence on the word "conscious", which implies a real understanding of what's going on, the technology being an important aspect, but not the essential one. If this process of understanding does not take place, then contraceptives are just one more "magic trick" from the white man's arsenal, and risk becoming basically just one more factor of individual alienation, one more gadget in the arsenal of consumerism, instead of a tool for personal liberation which contraception can and should be.[21]

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[19]Pierre Pradervand, Working Paper No. 2 for African Seminar, 7.

[20]Ibid., 10. [21]Ibid., 11.

Motivating is only valid within an appropriate socio-economic context. Otherwise it is a dehumanizing persuasive technique.

B. Discussion of Selected Trends

One can find in the family planning literature some ideas for action complementary to the concept of family planning presented above. Among them are the following:

Establishing a Developmental Framework

Pradervand describes the necessary context for family planning activity.

> It is important to realize that at the present moment in Africa, efforts in many fields not directly related to family planning are probably much more vital, in terms of the long-run, large-scale adoption of family planning, or even the present narrowly conceived efforts to make contraceptives available to as many people as possible in as short a time as possible. In other words, investments in the field of employment, education, basic health, a better distribution of income and social services, et cetera, must be seen as making a key contribution to family planning, must be seen as family planning investments. It is high time development experts started concretely considering development as a unified process where all the parts react upon each other according to a variety of dynamic, feedback mechanisms, rather than talking about this and then continuing to approach investment decisions in an atomized, my-investment-is-more-important-than-yours manner.[22]

Continuing his discussion in this vein, Pradervand cites the public health system as the most important area of needed change related directly to family planning.[23] The necessary new public health policies should have the following characteristics:

1. Health programs should aim at preventive care rather than curative therapies.

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[22] Ibid., 13.

[23] Ibid., 14-15.

Pradervand points out that despite all the lip service paid to this principle, hospitals (mainly serving the elite and urban populations) swallow up large proportions of small national public health budgets.

ii. Health training should concentrate much more on the training of paramedical personnel.

Two reasons for this change are given. One is that in Africa a good nurse can take care of eighty per cent of the cases which come to the health center; the other, that too many doctors from poor countries, once trained, leave for rich countries.

iii. A far greater use of mobile teams should be made.

Such teams, if efficiently organized, can serve far more people than an identical number of health workers who stay in one place.

iv. Dependence on high cost Western pharmaceuticals, which place a heavy burden on health budgets, should be decreased.

These drugs are sold on the black market and often they are used without following instructions. Traditional herbs and plants make an acceptable and often effective alternative.

v. A vast program of construction of maternal and child birth health centers should be undertaken for the whole of Africa.

Some of the funds available for family planning should be put to this use, in Pradervand's opinion. At present these centers can have an important impact in reducing infant mortality, thereby preparing women for later use of contraceptives. Then, in a few years, family planning can be integrated into the centers' services.

vi. Curricula of medical and nursing schools should be immediately revised to include instruction in family planning.

In this regard, reference is made by Pradervand to the French

influence in West Africa which has perpetuated there the "quasi-paleolithic attitudes of modern French medicine" toward contraception and abortion.[24]

The above are presented as "...just a few examples of the type of changes needed if Africa is to have any chance of dealing effectively [and appropriately] with the challenge of an accelerating population growth coupled with low levels of economic growth."[25]

Other examples of the types of changes needed are associated with other aspects of life. If it is agreed that the "availability, effectiveness, and acceptability of means for preventing a birth" is only one of the factors which influence fertility,[26] then it must be admitted that family planning programs comprise only a small portion of the effort which will be required to cope with rapid population growth.

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[24]John C. Caldwell in T. E. Smith, Ed., The Politics of Family Planning in the Third World (George Allen and Unwin, Ltd., 1973), 55, writes,

> "...The language-culture division is very real. In English-speaking areas, there were, in places, family planning clinics by the end of the colonial times, and contraceptives had always been sold on a limited scale; neither was true in French-speaking countries. More importantly, British administrations and, later, American technical advisers were never much given to the French practice of worrying about low settlement densities and lauding the advantages of rapid population growth. The writer has repeatedly been astonished at the very different attitudes to population growth that African administrators in Francophone countries have absorbed from French universities and those that Anglophone administrators have acquired in American and British universities, a difference not confined to the post-World War II period. In the critical late 1950's and 1960's, the English-speaking administrator will have read articles or talked to technical assistance experts reflecting worry with rapid population growth in the developing world; the French-speaking administrator may well come across an article, review or lecture by Alfred Sauvy with a very different philosophy."

[25]Pradervand, Working Paper No. 2 for African Seminar, 16.

[26]The others, as listed in A.I.D., Rapid Population Growth:

Those who regard the rate of human reproduction as a serious threat to global peace and stability must begin to attack it on all fronts. And equally important, the liberating potential of the knowledge and means to control birth should not remain in the custody of a proliferation of careless family planning programs. Legal measures, educational reforms, religious tolerance, social changes, economic improvements, political commitment--all these and more will be needed in order to achieve the desired goal.[27]

The other worthwhile suggestions from the literature, about what might be done in family planning, can be grouped under three headings: comprehensive evaluation of existing programs, experimentation with different programs and relevant research.

Comprehensive Evaluation of Existing Programs

The problems in current program evaluation are succinctly stated by Jack Reynolds.

> Family planning program evaluation is often limited to clinic service statistics and KAP (Knowledge-Attitude-Practice) sample surveys. Although these may be important, they are not necessarily

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Consequences and Policy Implications (Baltimore: Johns Hopkins Press, 1971), 85, are: family income; level of economic, social and educational development of the society; agricultural versus urban occupation and habitation; possibility and desire for social and economic mobility; availability of arable land and agricultural technology; child labour and compulsory education laws; availability of social security or old-age insurance; employment opportunities for women; status and decision-making ability of women in the society; and life expectancy of a newborn child, particularly the probability of survival during infancy and childhood.

[27] U.N. The U.N. and Population Crisis, No. 8 (The Victor Fund and the I.P.P.F., Spring, 1968), 12.

> "The parents, rich or poor, should have, or be provided with the facilities needed effectively to decide their own family size ...there is no right more basic to humanity and...to each individual than the right to enter this world as a wanted human being who will be fed, sheltered, cared for, educated, loved and provided with opportunities for constructive life."

> the only studies that should be undertaken. Why is so much attention given to studying new acceptors rather than active clients? Why is so little attention paid to costs, to the way people are processed through clinics, to contraceptive distribution systems, to training programs, to the effects of very expensive mass communications programs? These and many other basic program aspects are often overlooked. The result can be unbalanced, arbitrary, even useless evaluation.[28]

Reynolds' view is that program evaluation should be i) objective, ii) systematic, iii) comprehensive and iv) useful. Expanding on the matter of comprehensiveness, he states,

> [Evaluation]...should include studies of all significant program activities and problem areas. It should avoid redundant study of the same limited subjects while neglecting other important topics.[29]

In his introductory manual, Reynolds presents the overview, an exploratory or formulative study of a family planning program, as a necessary first step in the development of an evaluation system. The second step is preparation of a general evaluation plan and the third, designing and carrying out recommended evaluations.

Reynolds' conceptual model to guide research for the overview is the basis of his entire evaluation process. The model

> ...is that of a system. This model assumes that certain family planning needs are present in the community. A program is planned to meet these needs. Program resources are combined in specified processes to produce products and services (outputs). Hopefully these outputs will have the desired effect of meeting

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[28]Jack Reynolds, "A Checklist for Evaluative Overviews of Family Planning Program Activities", (N.Y.: International Institute for Study of Human Reproduction, Columbia University, 1973), Introduction. Reynolds refers to two other manuals in the series: Jack Reynolds, "A Framework for the Selection of Family Planning Program Evaluation Topics", Manual No. 1, and "A Framework for the Design of Family Planning Programs Evaluation Systems", Manual No. 2 (International Institute for the Study of Human Reproduction, Columbia University, Revised January, 1973).

[29]Reynolds, "Checklist for Overviews", 1.

the community's needs. They may have other effects as well.[30]

Reynolds' need-based model has good potential for indicating the shortcomings and strengths of programs. To the extent that community needs can be defined in the terms of those affected, evaluation using this model can help to improve existing family planning programs.

Experimentation with Different Programs

Two kinds of family planning programs currently being discussed can, more effectively than others, meet the need criteria. In one case, family planning activity is integrated with maternal and child health services; in the other, with general health services.

Integration with Maternal and Child Health Services

In 1971, H. C. Taylor and B. Berelson published a report on a feasibility study of a world program for comprehensive family planning based on maternal and child health services.[31] The basic question posed was:

> What would it take in everything required--in personnel, physical facilities, training facilities, transport, supplies and equipment, and funding--to bring some minimal professional and paraprofessional attention to every pregnant woman in a number of developing countries before, during, and after delivery, for the double purpose of promoting maternal/child health and family planning?[32]

After the setting up of an organizational model and collecting of data, the authors of the study made an extrapolation of the annual cost of

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[30] Ibid., 4. See Appendix III.

[31] H. C. Taylor and B. Berelson, "Comprehensive Family Planning Based on Maternal and Child Health Services: A Feasibility Study for a World Program", Studies in Family Planning II (Feb., 1971).

[32] Ibid., 22.

providing minimal maternal and child health services with family planning for the women in the developing world.[33] The required next step in the project was practical testing and demonstration of the general principle and testing of cost estimates.[34] Experimental projects are being carried out in several countries[35] and although they are based on a common framework they vary considerably due to different levels of health infrastructures, personnel availability, and other local conditions. Nevertheless, three general hypotheses are being tested:[36]

i. An integrated maternal and child health family planning program is feasible in rural areas of less developed countries in terms of organization, staffing and delivery of integrated services and such a program can be implemented at reasonable and replicable costs with respect to both financial and manpower requirements.

ii. The linkage of maternal and child health and family planning services is mutually beneficial.

iii. A maternal and child health-based family planning program is an effective system for delivering family planning education and services to large populations in rural areas of less developed countries.

Despite a decided bias in all this toward increasing the effectiveness of family planning activity in the developing world, (the effort

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[33]This worked out to about one billion dollars U.S. annually for all, excluding the women of mainland China.

[34]The report by H. C. Taylor and R. J. Lapham, "A Program for Family Planning Based on Maternal/Child Health Services", Studies in Family Planning V (Mar., 1974), describes the progress made in three years.

[35]The countries are Indonesia, Turkey, the Philippines, Egypt, Brazil and Bangladesh.

[36]Taylor and Lapham, Studies in Family Planning V, 71.

is not being made primarily as a demonstration of attention to the humanistic concerns surrounding family planning), there is some evidence of a heightened awareness.[37] The second hypothesis delimits its nature and extent. Furthermore, the study will direct attention which was previously showered on family planning efforts alone to the matters of mother and child health in developing countries.[38]

Integration with General Health Services

In his study of an integrated health and family planning

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[37]Nusret H. Fişek, "An Integrated Health/Family Planning Program in Etimesgut District, Turkey", Studies in Family Planning V (Jul., 1974), 210, writes,

> "...The development of family planning programs through uni-purpose organizations has proceeded only slowly in a number of countries, including Turkey. For this reason, administrators and research workers in this area have considered expanding either general health or maternal and child health services and integrating family planning activities with these services. The model developed by Taylor and Berelson (1971) is an example of this approach."

Also, Taylor and Berelson point out in the introduction to their study (Studies in Family Planning II, 22), "Although this study was initiated by organizations concerned with population, the program that evolved has two purposes closely related and each of inestimable importance. These twin purposes are the improvement of maternal and infant care and the provision of modern contraception, ..."

[38]Taylor and Lapham (Studies in Family Planning V, 71) summarize the model to test Maternal Child Health/Family Planning as follows:

> " i. Functional integration of the maternal, child, and family planning services to be delivered.
> ii. Insistence upon the goal of total coverage--try to reach all pregnant and recently delivered women.
> iii. Systematic supervision to make sure that the workers carry out program objectives for each eligible person.
> iv. Continuous monitoring of service activities with feedback to allow administrators to make project improvements and an evaluation system capable of testing the above hypotheses and determining the final results of the program.

program,[39] Fişek describes the two basic organizational and administrative models for provision of family planning services.[40] He then states that he believes "...multi-purpose health units, using multi-purpose health workers as the primary change agents, serving populations of an appropriate size, and connected with hospitals, form the most efficient and effective system for fertility limitation." Fişek bases his views on certain observations and recommendations drawn from the Turkish

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v. Adaptation of the general model to particular manpower and other health infrastructure constraints in each country setting."

Such a model lends itself well to the examination and evaluation of maternal health services.

[39] Fişek, Studies in Family Planning V.

[40] Ibid., 210. Fişek writes,

"In the conventional, uni-purpose planning model, the core unit is the family planning program, which delivers family planning services independent of other health services. In the multi-purpose model, family planning services are integrated with existing health services.

Advisors to governments starting family planning projects in the late 1950's and the early 1960's emphasized the need to establish family planning services independent of the other health services. The success of uni-purpose organizations in the control and eradication of such major health hazards as malaria, smallpox, and tuberculosis in developing countries was one of the main points in support of independent organizations. A second important point was that health organizations in many developing countries were far behind in meeting the health needs of their publics, because of, among other factors, shortages of financial resources and inadequate health manpower. Under these circumstances, the probability of success was expected to be low if family planning services were added as a new function to the already overburdened health organizations.

The advantages of single purpose organizations may be summarized as follows: (1) Establishing a uni-purpose organization is less expensive and less difficult for the government than building up an efficient nationwide health service. (2) Training paraprofessionals and nonprofessionals only for family planning services is easier than training them to be multi-purpose workers. (3) Since personnel have only one function, no problems of assigning priorities to different services exist.

experiment.[41]

Again, despite the demographic intention of the program, other important goals are being achieved: whole families experience the benefit of regular contact with a health worker, antenatal and post-partum attention is given to mothers and followed up with infant care, persons with serious problems are directed to where they can be attended. The hospital-linked multi-purpose program thus has numerous advantages over uni-purpose family planning organizations for the families and communities served.

The most important aspect of these two alternatives to the uni-purpose family planning model is that they begin to grapple with a fundamental problem in many less developed countries: health organizations lagging far behind the health needs of people. In Africa, this is the rule rather than the exception.[42] To establish a uni-purpose family planning organization because it is less expensive and less difficult than building up an efficient national health service, is simply not an adequate response to the needs of the people in less developed countries.

The Chinese Program

Finally, under the heading, "...Different Programs", the Chinese national family planning program in the Peoples' Republic,[43] which is

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[41] Ibid., 211.

[42] Pradervand, Working Paper No. 2 for African Seminar.

[43] A critical review of the Chinese family planning effort is presented by Pi-Chao Chen, "China's Birth Control Action Program: 1956-64", Population Studies (Jul., 1970), 141-158 and "China's Population Program at the Grassroots Level: A Report on Field Trip, Summer 1972", (Caltech. Population Program Monograph), as well as Ruth Sidel, Women and Child Care in China (Baltimore: Penguin Books, Inc., 1972).

attracting a lot of attention, deserves mention. Many family planners are very enthusiastic about it because of its apparent effectiveness in limiting population growth. Sidel summarizes the nature of the family planning program in China.

> ...It is not simply that planned birth is good for the individual, though that is pointed out; it is not simply that raising many children is difficult, though that is said; it is not even that having many children interferes with the mother's participation in productive labour, though that is concluded. Planned birth is important to strengthen the political values the people are taught to believe in. And, above all, planned birth is a direct contribution that every young couple can make to the building of China. Limiting one's family becomes a gain for society, not an individual loss, and, some of the zeal attached to other revolutionary values such as working to prevent famine or studying Mao's works rubs off on the issue of birth control....The Chinese have politicized birth control as they do everything else.[44]

The Chinese experiment synthesizes elements of the humanistic approach to family planning with powerful persuasion--the Chinese have politicized family planning. The Chinese approach is comprehensive, displaying cognizance of the myriad interrelationships among economy, society, culture, and fertility behavior, which interrelationships are then interpreted in political terms. Rather than emphasizing direct programs for spreading the use of birth control, the Chinese first carried through societal reforms "...likely to inspire antinatalist motivations."[45] They replaced traditional family ideals with new ideals through cultural revolution. They also integrated the nation's larger economic and social development efforts.

The Chinese approach to family planning is a new one, distinguished from others by the element of politicization, and awaiting evaluation in

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[44]Sidel, 57-58.

[45]Pradervand, Ceres VI, 9.

humanistic terms.

Relevant Research

At least two general areas of study--demography and social anthropology--are important for improvement of family planning programs.

Demography

The argument for more demographic research has been presented this way:

> Massive assistance is needed in the field of censuses and demographic sample surveys. This might seem rather far removed from family planning but in fact is not: not one single country of Francophone West Africa has ever had a census, and most population figures are based on not too precise sample surveys made often ten or more years ago. One can hardly expect countries to become preoccupied about population growth if they do not even have an adequate idea of the composition of their population![46]

But there is a more fundamental relationship between demographic research, development and family planning. Demography has been described as the study of population, which "...seeks to define the number and types of people in an area, their distribution throughout the area, the changes in population size and variety, and the factors contributing to such changes."[47] The information and understanding deriving from demography make a worthwhile contribution to the population-related planning which is undertaken in less developed countries. Thus, the science of demography, applied and refined to the needs of these areas, can contribute to general development, which is the pre-condition for good family planning programs.

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[46]Pradervand, Family Planning Programs in Africa, 29.

[47]Ralph Thomlinson, Demographic Problems: Controversy Over Population Control (California: Dickenson Publishing Co., Inc., 1967), 1.

Social Anthropology

Regarding the second topic, social anthropology, it has been pointed out that "...the notion[s] about the causes of and remedies for the current population dilemma are greatly handicapped by...inattention to anthropological data."[48]

Polgar, in the preface to Culture and Population, raises questions about several common postulates of demographers. Then, in summary, he writes,

> ...voluntary reduction of family size seems a cultural pattern of very great antiquity, and the high population growth rates in developing countries today do not simply result from encrusted "motivations" for high natality. They are, instead, partly derived from the direct or indirect birth-promoting effects of Western expansionism and colonialism during the last 400 years.[49]

Polgar goes on,

> How do these conclusions affect the prognosis for bringing population growth into a more balanced relationship with socio-economic progress? Some Neo-Malthusian approaches to the population problem lead to proposals for reducing, "if necessary" by coercion, the high family size desires of people in developing countries. Not only are policies relying on negative sanctions morally unacceptable, impractical and counterproductive, but they also ignore culture patterns that can, under the proper circumstances, aid in the voluntary adoption of birth control.[50]

He then poses more questions:

> Where the modern techniques of contraception are still only sporadically available--as in the cities of Latin America--clandestine abortion is assuming epidemic proportions. Do the couples who resort to this all-too-often lethal means of birth control lack "motivation" to control their family size? Do Puerto Rican husbands who run the gauntlet of bureaucratic red tape to obtain

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[48]Steven Polgar, Ed., Culture and Population: A Collection of Current Studies (University of North Carolina: Carolina Population Center, 1971), 1.

[49]Ibid., 6.

[50]Ibid.

> a sterilization for their wife manifest "machismo"...? And the millions of poor women who, despite some unpleasant side effects, take contraceptive pills...; are they manifesting "child hunger" or sexual irresponsibility--traits often ascribed to them by elite and middleclass commentators?[51]

And still more:

> Anthropologists would exercise their skills most usefully if they were to analyse the social and cultural settings from which the inadequacies of present population programs derive. What cultural blocks exist on the level of government bureaucracies, medical personnel or top decision-makers? What functions are served by the erroneous notions they repeat about lower-class family life? Why are they so willing to introduce harsh and punitive measures when only a few positively oriented family planning programs have as yet been organized?[52]

All these questions and other cultural questions as yet unasked are important for improvement of existing family planning programs and provision of appropriate services through new programs in the future. The inquiry has hardly begun.[53]

Nag summarizes the current state of affairs.

> There are undoubtedly cultural factors related to family planning in general and also to specific methods. The role of these factors as barriers to the implementation of family planning programs has sometimes been over-emphasized. The failure of the family planning programs in many societies is attributed very often to the opposition to their programs on cultural grounds, although a large part of the failure may actually be due to the lack of adequate family planning services. The misconceptions of the policy makers and administrators about the cultural norms of the common people in their societies and the selfish interests of the physicians and other paramedical persons may also contribute considerably to the failure of family planning programs....[54]

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[51] Ibid., 7.

[52] Ibid.

[53] In addition to Polgar's collection, see Moni Nag, "Cultural Factors Affecting Family Planning", Journal of Family Welfare XIX (Bombay: Mar., 1973).

[54] Nag, 7.

Relevant research, demographic and cultural, can improve family planning programs. The former can contribute to general development planning; the latter can create an awareness of significant cultural differences which can raise the quality of the services provided.

An East African Example

One interesting example of socio-anthropological research relevant to family planning is Molnos' series, Cultural Source Materials for Population Planning.[55] The series is intended "...to be of help to research workers and others in making decisions concerning research priorities, and to be an aid in planning, financing and designing future research projects of practical use for population programs."[56]

Volume One contains a review of social science research in the past twenty years relevant to fertility, and a description and evaluation of a new approach--a survey conducted among social anthropologists. Volume Two deals with social communication and the introduction of innovations. The material which has been collected is presented and reviewed. Volume Three presents and reviews more material dealing with beliefs and practices concerning sex, marriage, conception, pregnancy, child rearing and the value of children. Volume Four is a comprehensive bibliography on twenty-nine East African ethnic groups.

Molnos' observations on East Africa lead her to conclude that this part of the world faces a population problem, that is, an undesirably

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[55]Angela Molnos, Cultural Source Materials for Population Planning in East Africa, I-IV (Nairobi: East African Publishing House, 1972).

[56]Ibid., I, 1.

high rate of population increase. Long-term population planning (family planning on a national scale) is necessary in order to deal with the problem.

Molnos writes,

> Under past conditions prevalent in East Africa, there were no reasons for wanting to have only a few children....
> This, however, is no longer the case. East Africa as a whole is facing a rapidly worsening population problem. Many families and individuals are feeling its repercussions in the forms of increasing land shortage and unemployment. The population problem came about, as in other developing countries, because of declining mortality rates due to large-scale medical improvements, while the birth rates remained unchanged and, in many areas, even increased.[57]

Thus far, Molnos' analysis of the situation may be described as neo-Malthusian. What immediately follows is more significant:

> The birth rates are also increasing because of the rapid breakdown of the traditional way of life and the disappearance of social restraints which curtailed procreation.

Herein Molnos' investigation of what is happening makes a unique contribution: her research increases understanding of those circumstances which create family planning needs in a population such as that of East Africa.

Molnos argues:

> In East Africa, the desire to have "as many children as possible" has outlived its social and economic utility. To pursue the same desire today, with traditional social restraints and immediate environmental constraints lifted, means to make full use of the human reproductive potential.[58]

In order to avoid the consequences of such behavior what is needed is, "...to re-install social restraints on childbearing to replace the traditional ones which have disappeared with rapid social change."

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[57] Ibid., III, 18-19.

[58] Ibid., 20.

Molnos observes that a growing minority of people in East Africa, mostly the highly educated elite, have begun to plan their number of children in response to the new situation. However, they are under pressure from their rural relatives who still expect numerous offspring from them. The pressure will only be eased, it is argued, when effective education in population and family planning reaches all areas and all strata.

The intention of such education is to influence fertility attitudes and behavior of the majority. Behavior is a product of attitudes and these must therefore be identified in order that modern contraceptive practices can be effectively encouraged. But rather than simply advocating mass persuasion, through every available means, to practice birth control, Molnos insists on investigating the attitudes which produce fertility behavior.

Further, she believes,

> ...that attitudes relevant to fertility in East Africa should not be investigated out of the context of cultural traditions and current conditions, but should be studied only as a corollary to both....Traditional social structure and customs might radically change or seem to disappear, yet still be relevant to our understanding of people's current attitudes, motives and behavior. Old beliefs, values and ways may disappear only on the surface, yet continue to exist in more or less disguised forms for a long time. This pertinacity accounts for the need to investigate even those traditions that are rapidly disappearing if one wants to tackle current problems such as the implementation of population programs.[59]

Thus, Molnos emphasizes the importance of social anthropological research.

Her evaluation of two arguments which ignore and deny the relevance of such research to family planning programs is interesting and perceptive.

First of all, some argue that the use of modern communication

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[59]Ibid., I, 40.

technology is the most direct means to influence people's behavior. This argument "...emphasizes modern times with life being rationally planned, but with human protagonists who are essentially irrational and easy to manipulate."[60] Because modern communication technology--the powerful mass media--can influence society, sell an idea or product and make people do what they "should"--it is thought there is no need to study people's attitudes or collect social anthropological information about them. But Molnos points out that actually communication technology does not offer "...anything more than certain types of channels to carry messages which must still originate with man as has always been the case."[61] The media are influential, but there is no technological or other means of "making" people's behavior.

The second argument is this:

> Who needs social anthropological information? It is only for people who want to study our past or perhaps even wish we had remained as we were fifty or one hundred years ago. We are a progressive, modern, rational people. We do what is reasonable--give us objective arguments to be discussed and we shall adopt any innovation that promises to be good for us.[62]

In response, Molnos writes,

> I belong to a technologically advanced society which professes ideals of unprejudiced thinking; nevertheless, I am daily subjected to many irrational impulses coming from centuries past. It is true that modern educated people are accustomed to fighting their own irrational reactions as soon as they notice them, but most of such irrational tendencies remain hidden from the individual who wants to overcome them.[63]

Through all these arguments, Molnos defends her social anthropological research and produces a unique collection of data which hold great interest for sociologists and anthropologists. The intention was, however,

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[60] Ibid., 41. [61] Ibid.

[62] Ibid., 42. [63] Ibid., and 43.

to make information available to policy planners and implementers, on the assumption that it would help them make sounder decisions on family planning matters.

Molnos' collected materials were, in fact, handed over to East African policy-makers and program planners, an important group of potential users. This task was accomplished through a special workshop held early in 1973.[64]

The method of the workshop was novel in several ways. Cooperation with carefully selected participants, and among them, was established before the workshop. A great degree of freedom was left to participants as to how to handle the topics defined. No papers were read; instead, working groups were formed.

The report on the workshop includes an explanation of procedures for selection of participants. It also describes the steps taken in preparation for the workshop, presents the program, and summarizes the group discussions.

The transfer of information to those to whom it can be most useful is another significant aspect of the East African experiment which illustrates how existing family planning programs might be improved.

Molnos' research provides some of what is needed in order to present family planning information to different East African groups in a socio-culturally acceptable way. Apparently the workshop participants agreed that this was necessary because three of their thirteen recommendations dealt specifically with the matter. They recommended decentraliza-

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[64]A. Molnos, et al, Report on a Workshop to Consider Utilization of "Cultural Source Materials for Population Planning in East Africa" (Nairobi: Afropress, Ltd., 1973).

tion of project planning and implementation, recruitment and training of field workers locally and local preparation and revision of mass media materials. The overall effort would, of course, be co-ordinated by a central body but it was felt that considerable attention to local differences is necessary if the family planning message is to have any meaning.

Research such as Molnos' can make a needed family planning service appropriate and acceptable rather than offensive. Utilized outside the humanistic framework, however, it may increase effectiveness in terms of numbers but it will not signify improvement. The information gathered through Molnos' effort cannot alter the fact that the Kenyan Program was implemented for economic and demographic reasons and, unless a different rationale is identified, it will not necessarily improve the program in humanistic terms. On the other hand, in Tanzania where official family planning policy is still being worked out, the research can make a major contribution to the nature of the Tanzanian family planning program.

CHAPTER VI

SUMMARY AND CONCLUSIONS

> Sooner or later, family planning will become generalized and will be, as it is in the West, an essential factor in the control of population growth. When that time comes, the Malians will have had long experience in the field. They will have acquired the expertise necessary for broader operations. In so doing, they will have been able to relieve some of the individual and family problems that are the inevitable consequence of modernization and urbanization.[1]

History of Family Planning

The history of family planning in less developed countries discloses a tendency to regard family planning programs as a desireable development strategy. These programs have gained increasing popularity over the past decade and considerable international effort has been expended to persuade people to practise family planning. Extensive research into motivation and use of incentives is underway. Those individuals and couples who accept the family planning idea are counted and the success of programs is measured in terms of the numbers of "acceptors".

Family Planning Rationale

The currently popular approach to family planning is based upon a rationale with three basic assumptions:

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[1]International Development Research Center, Family Planning in Mali (Ottawa: Unpublished Report of the I.D.R.C., 1975).

i. A high rate of population growth inhibits economic development.

ii. It may be cheaper and easier to decrease the rate of population growth than to bring about socio-economic structural changes which would facilitate economic development.

iii. Family planning programs significantly contribute to population decrease.

These assumptions have been questioned and serious doubts raised about the validity of regarding family planning as an effective development strategy. But the family planning rationale still provides impetus for international family planning activity in less developed countries and it is legitimizing programs which overlook or ignore humanistic concerns related to family planning.

Humanistic Concerns

Family planning literature is primarily concerned with methods and numbers. Interest in personal dilemmas associated with family planning decisions, significance of human sexuality, and the ethics of intervention lags far behind interest in techniques and statistics. The need for improved basic health services to millions of mothers and their children goes unmet, while human and financial resources continue to be allotted for family planning activity.

Example Programs

Examination of selected African family planning programs reveals the extent to which these programs diverge from a humanistic ideal.

This ideal was expressed by delegates to the World Population

Conference in Bucharest: "All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so."[2] A national family program implemented in accord with such an ideal does not exist merely to limit reproduction. Its purposes are to educate, to meet the existing demand for family planning services reliably and efficiently, and to expand and improve in response to the changing needs of national populations.

All this, in turn, requires that certain conditions be met:

i. All concerned must agree upon the humanistic purpose in family planning.

ii. Governments must give consistent moral and financial support to the family planning effort.

iii. Administrators and organizers of programs must strive, above all, to provide a good public service.

In not one of the six programs reviewed are all these conditions for a good family planning program met. Evidently, programs legitimized by the family planning rationale have a limited potential for fulfilling the ideals of a humanistic approach to family planning.

A Better Approach

There is an approach to family planning more appropriate than the currently popular one. Its basic premise is that those who wish to practise birth control have a right to the knowledge and means to do so. This humanistic approach is founded upon two assumptions:

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[2]UN, World Population Plan of Action (1974), Principles and Objectives of the Plan, No. 14 (f).

i. The extent of practice of family planning is a response to level and nature of socio-economic development.

ii. The practice of family planning is desirable.

It follows that in less developed countries an increasing demand for family planning services may be expected as societies become more modern and ways of living change. It also follows that a program requires careful planning and implementation in order to meet existing needs and be responsive in future. The challenge cannot be appropriately met unless a new approach to family planning replaces the old.

There are two potential sources of guiding principles for the humanistic approach to family planning. One is community development experience in less developed countries; the other, recent trends in family planning itself.

Community Development and Family Planning

Community development has always been associated with identification of people's needs and governmental response to them. Some things might well be transferred from community development experience to provision of appropriate family planning services. A critical analysis of community development discloses limitations of the ideology, however, and raises doubts about its applicability elsewhere.

Still, community development does have some relevance for family planning. A review of the history of the two movements in less developed countries emphasizes pitfalls that the family planning effort must try to avoid and, secondly, two principles of community development are applicable to family planning programs. One is response to need; the other, integration. The principles are fundamental to a humanistic

approach to family planning.

An appropriate program does not impose family planning upon people. Rather, it responds to their needs, that is, usually education first, and clinics and supplies second. Nor does the appropriate program create a discontinuity in the social environment. It does not precede organized, effective efforts to achieve adequate levels of health and nutrition; it accompanies them. Family planning activity is legitimate only in a developmental framework wherein its educational aspect becomes part of any general educational program, and its clinical aspect, part of the preventive health service package.

New Trends in Family Planning

Other contributions to the humanistic approach emerge from recent trends in the field of family planning. There is awareness of a need for ongoing, comprehensive assessment of programs and the desirability of experimentation with different programs specially suited to local conditions. There is also appreciation for the importance of relevant research.

A. Guiding Principles for a Humanistic Approach to Family Planning

Aspects of community development and recent trends in family planning which contribute to the humanistic approach can be summarized in five principles:

i. Family planning programs must be integrated with the developmental framework of a country.

Less developed countries usually have an agricultural economic

base and the majority of people are rural. Family planning programs should complement existing extension and health services. In larger urban centers, a specialized staff in a clinic may be needed but in the remote countryside, specialization is superfluous.

The national family planning program does not require a hierarchy of administrators and specially assigned, exclusive field staff. A good coordinator of family planning activities, a dedicated group of family planning educators, and medical and other professionals or paraprofessionals who are committed to the humanistic purpose of family planning, could do a better job.

ii. Family planning programs must respond to people's needs.

If people are unaware of modern contraceptive practices, then they need to be informed. If they are trying to regulate births by unsafe, unsure methods, then they need access to better ones.

The unasked for insertion of I.U.D.'s with assumptions and assurances of "How good it will be for you!", cannot be described as responsive to people's needs; nor can offering a radio for willingness to undergo vasectomy. These are undesirable impositions of family planning practice which are contrary to the humanistic approach to family planning.

iii. Family planning programs must be flexible enough to fit local conditions.

This principle is closely related to the first two. It requires a tolerance for experimentation on the part of funding agencies as well as creative program planning and implementation. What is needed in the urbanized pockets of a less developed country is very different from what is appropriate in rural areas and often there are significant regional cultural differences to which a program must conform.

Reaching masses through the media is of no great importance. Nor is a nation-wide distribution of family planning clinics. The main objective of the humanistic approach is to make available appropriate family planning information and supplies, not to, willy-nilly, inundate people with the message and impose upon them a technique.

iv. A family planning program must have an ongoing, comprehensive assessment component.

The heavy emphasis on numbers has distorted evaluation of family planning programs. Evaluation must necessarily involve attention to other important things, among them training programs and contraceptive distribution systems; attitudes, beliefs and customs related to fertility, marriage and sexual behavior; the way people are processed in clinics; and associated costs. Only comprehensive evaluation can help to improve family planning programs.

v. Research relevant for the improvement of family planning programs must be utilized.

This principle is closely related to the fourth one. Evaluation has tended to avoid humanistic concerns and research has followed suit. Important aspects of family planning have been virtually ignored: the role of family members and the community in decision-making, for example.

Other areas of research have relevance not only for family planning but for other aspects of the development effort as well. The relationship between demography and development is one of these; the ethics of intervention, another.

It is research of this nature which can contribute significantly to family planning.

These five principles provide a solid base upon which a humanistic approach to family planning can be built.[3]

B. The Malian Example

A tangible effort to plan and implement a humanistic family planning program is currently underway in Mali. An International Development Research Center report[4] describes what has happened there.

The program has two phases: firstly, development of the pilot activities in Mali's only large city, Bamako, from January, 1972 through January, 1974 and secondly, the period of transition towards a true national program, since January, 1974.

The report describes the first phase:

> At the start, the organizers of the project decided to proceed slowly and cautiously, allowing for any resistance that might make itself felt along the way. Extreme care was exercised in the matter of information. Throughout these two years--and up to the present--no mass information campaign was undertaken. However, many opportunities for discussion were created in intellectual, medical and legal circles.[5]

Mali's laws regulating contraceptive information and use were repealed before clinical activities began. Then, after the government adopted a decree authorizing contraceptive practices, information meetings were held at the neighborhood level in Bamako. Thereby an appropriate legal context for the program was created. Mass media also helped to

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[3]See Donald J. Bogue, "Some Tentative Recommendations for a 'Sociologically Correct' Family Planning Program", in Donald J. Bogue, Editor, Mass Communication and Motivation for Birth Control (Chicago: University of Chicago Community and Family Study Center, 1967) for twenty-seven specific recommendations which could, when applied within the humanistic context described, significantly improve family planning programs.

[4]I.D.R.C., Family Planning in Mali.

[5]Ibid., 6-7.

legitimize contraception by reporting on debates that took place at various meetings and conferences.

The main channels of communication with the public (and the main means of recruiting clients), however, were word of mouth and the individual actions of medical personnel.[6]

The research component was a major part of the pilot project:

> Even before the clinic opened, a team attached to the center in Bamako had studied various problems of research and evaluation. A system of clinical statistics went into operation with the opening of the clinic, and five reports on the characteristics of the clients have been prepared to date.[7]

Detailed research was also conducted into traditional fertility control practices and the changes which they are undergoing in urban environments. Traditional products related to fertility and sexual activity (contraceptives, abortificents, remedies for sterility, aphrodisiacs, et cetera) were collected. The study of birth spacing through such practices as sexual abstinence and prolonged nursing was given special attention.

Significantly, the results of this research are utilized throughout the program, particularly in information and training activities.

> The results of the studies of traditional contraceptive practices have been used extensively in seminars, courses and even in neighborhood meetings. Among other things, they have served to show the part that modern contraception could play in communities in which traditional fertility control practices are in decline.
>
> The fact that Malian society is heir to a long tradition of birth spacing was an important element in the acceptance of family planning ideas, both in medical and government circles and among the clients of the pilot centre.[8]

Also in the first phase, some effort was devoted to the training

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[6] Ibid., 7.

[7] Ibid., 8.

[8] Ibid., 8-9.

of medical and paramedical personnel.

Toward the end of the pilot phase, it was decided by the Ministry of Health and Social Affairs, upon the evidence provided by the experience of the pilot center, that expansion was warranted.

Planning for expansion, indicative of Mali's steady advance toward a national program, focused upon larger towns and centers of agricultural and industrial development. Expansion is to be carried out in accordance with the announcement by the Ministry in 1974 that maternal and child health, as well as family planning services, would be merged in "family health clinics".

The report concludes,

> Thus, less than three years after the opening of the pilot clinic in Bamako, Mali is committing itself to a national family planning program. Family planning will henceforth be one of the health services provided by the government, and its expansion will be limited to the expansion of national public health facilities in Mali.[9]

Clearly, the Malian program is responsive to needs. The I.D.R.C. report states,

> The same elements that triggered the gradual process of acceptance and proliferation of family planning in the West exist in the Malian case. As in the West, concern for family planning developed from immediate needs expressed by urban dwellers, rather than from long-range demographic planning. As in the industrialized countries, the most basic reasons for action are related to the new problems that women and families face as a result of the phenomenon of urbanization.[10]

Health and social problems were created by unwanted or inadequately spaced births: a growing abortion rate was becoming apparent in the cities and there was an increase in the divorce rate. These critical situations

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[9] Ibid., 10.

[10] Ibid., 11. The report states, "At no time did the Malian experiment have demographic objectives."

are the result of urbanization and the attendant weakening of traditional customs. Furthermore, by delaying marriage, education for girls has had disastrous consequences: clandestine, sometimes fatal abortions; marital problems and students dropping out at senior levels.

The report points out that these phenomena

> ...relate to immediate needs felt by urban populations. There is a popular consensus on the necessity of finding short term answers to these needs. This is what the Malian government sought to do in adopting its family planning program. Here too, the approach chosen by the Malians is the same as that followed by movements and institutions in the wealthier countries. The fact that the latter now wish to promote family planning largely for considerations of long-term demographic planning makes no difference. Seen in this perspective, the true significance of the Malian program is clear: it is essentially one element in a policy for improved health and social welfare.[11]

The family planning program has been carefully integrated with Mali's developmental framework. This country's health resources are scarce: efforts to control major endemic diseases, improve sanitation, combat malnutrition and improve maternal and child health are just beginning.

> In this context it would be unrealistic to seek to cut off population growth by rapidly extending family planning services to the entire country. It would also be dangerous: there is no apparent way in which it could be done without diverting a considerable proportion of available health personnel from priority activities.[12]

Thus, the family planning program does not forge ahead with the creation of new needs for contraception or modification of the aspirations of the population. While too many other vital health needs remain unfulfilled, the family planning effort will concentrate upon urban communities and their needs. In time, as health facilities expand, contraception

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[11] Ibid., 14.

[12] Ibid.

will become available to a broader cross-section of the population, on the same basis as vaccination services and nutritional education. "In the Malian view, family planning can achieve its objectives only if it develops in harmony with other health activities."[13]

The Malian program is responsive and integrated, it is flexible enough to suit local conditions, and it has an evaluation and research component. Although it is still new, the Malian program provides an example of the application of principles for a humanistic approach to family planning.

Significantly, the Malian program has been planned to meet Malian needs. Elsewhere, the needs may be different. It follows that programs are not necessarily transferrable. There is no homogenized blend of family planning information and services which will suffice across national, cultural, and social boundaries.

C. Concluding Statement

In the introduction, six objectives of the thesis were listed.

In the second chapter the rationale for implementation of family planning programs in less developed countries was described in detail and carefully analysed.

Some of the humanistic concerns associated with these programs were identified. Others, still relegated to the background, must be brought forward and discussed by those concerned about them.

In Chapter Three, six African family planning programs were evaluated for their humanistic potential. Such evaluations are difficult

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[13] Ibid., 15.

because of the disparateness and nature of available data. Yet evaluation in these terms is important and is in order for all family planning programs. Researchers must develop approaches suited to this task.

The analysis of the community development experience, in Chapter Four, makes a small contribution toward ascertaining the true value of that strategy for development. Inherent weaknesses were pointed out, as well as what seems relevant to the improvement of family planning programs.

In the fifth chapter the current trends in family planning were considered in light of the humanistic approach and, as new trends emerge, they must be considered likewise.

Finally, the guiding principles for a humanistic approach to family planning were presented in general terms, but they must still be translated into plans and actions suited to the needs of the poor, rural majority in many different localities.

It has been argued herein that any family planning program which is implemented throughout a country for the express purpose of limiting growth of the national population will not be adequate in terms of meeting local needs. A good family planning program is one which offers reliable information and services, after the need for them is felt. This need can be felt only when social circumstances indicate to a couple that planning is in the best interests of their family. Even then, they cannot readily act unless cultural attitudes sanction their intentions. Thus, a family planning program must be attuned to the social and cultural contexts of life in order to facilitate individuals' decisions for family planning.

Giving priority to outsiders'--be they foreign experts or government planners--concerns with numbers, over local people's needs, encourages

the relegation of humanistic concerns to the background. Instead, these concerns should determine responses to human dilemmas.

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APPENDIX I

Summary of the Three Eras in National Family Planning Programs*

	Eras in family planning programs		
	1. Clinic era	2. Field era	3. Contemporary era
1. Approximate time of the era in many developing countries	Prior to 1965	1965 to 1970	After 1970
2. Pragmatic and/or intellectual basis of the era's main approach	Planned Parenthood clinics in more developed nations	(1) The classical diffusion model, based mostly on agricultural innovations in more developed countries, (2) agricultural extension services	Modifications in the classical diffusion model, such as change agent aides and incentives
3. Major assumptions underlying the era	(1) That clients would come to clinics to seek contraceptive services, (2) that a close association with national ministries of health, and especially with their divisions of maternal and child health, provided low	(1) That field staff are needed to motivate clients to adopt family planning innovations, (2) that professional change agents are perceived as credible by clients because of their technical competence,	(1) That interpersonal communication about family planning is necessary to persuade clients to adopt, (2) that change agent aides are better able to motivate clients to adopt family planning innovations

		visibility to family planning programs, protection from hostile public opinion, and a means of operating cost-effective programs	(3) that a mass media campaign is needed to increase knowledge about the idea of family planning, about specific family planning innovations, and about the small family norm	than are professional change agents, because the aides are homophilous peers with the clients and because they often have prior adoption experience with the family planning innovations, (3) that the payment of incentives will increase the rate of adoption of family planning innovations
4.	Main (perceived) constraint to greater program effectiveness	An inadequate supply of contraceptive services	Inadequate contact of potential clients with family planning services	Inadequate demand for family planning
5.	Major program activities	To open additional clinics, and train clinic staffs in contraceptive methods	(1) To recruit, train, and organize a field staff for family planning, (2) promote family planning through mass media channels of communication	(1) To utilize communication strategies to motivate potential clients, (2) to use various "beyond-family-planning" approaches to decrease fertility rates
6.	Main client audience for family planning activities	Receptives (relatively older parents with a large number of children) who eagerly sought clinic services	Receptives who could be attracted to family planning through field contact	Hard-core resisters, who are a majority of fertile families

7. Main task for family planning communication	To inform the fertile audience about the existence and availability of family planning	To contact all eligible fertile couples about the availability of family planning services	To motivate the resistant audience to accept the small family norm, to adopt family planning methods, and to decrease their fertility

* Everett M. Rogers, Communication Strategies for Family Planning (N.Y.: Free Press, 1973), Table 3:1.

APPENDIX II

Characteristics of Community Development*

Community development has the following general characteristics:

1. Community development is concerned with all the people of the community rather than any one group or segment of the population. However, all the people do not necessarily participate in community projects.

2. Community development is concerned with the total community life and the total needs of the community instead of any one specialized aspect, such as agriculture, business, health, or education.

3. Community development is always concerned with bringing about social change in the community.

4. Community development is concerned with problem-solving.

5. Community development is based upon the philosophy of self-help and participation by as many members of the community as possible.

6. Community development usually involves technical assistance-- in such forms as personnel, equipment, supplies, money, or consultation--from governmental or intergovernmental sources or from voluntary organizations, both domestic and foreign.

7. Community development is essentially interdisciplinary. It implies an integrated attempt to make available for the service of the community various specialities such as the social sciences, agriculture, education, public administration, public health, adult education, city and town planning, and social work.

8. Community development is concerned with both task goals and process goals; that is, it is concerned with achieving certain concrete objectives and with strengthening the qualities of participation, self-direction, and cooperation.

9. Community development involves an educational process. It is always concerned with people. If the sole or basic goal of a project is a new road, a school building, better houses, the use of fertilizer, or the like, it is a project of community improvement, and the project is properly the primary responsibility of the departments concerned with public works, education, housing, agriculture, etc.

If the ultimate goal is not merely the concrete project but what happens to people while working toward their goal and as a result to its achievement, then the project is concerned with community development....

10. Community development continues over a substantial period of time. It is not an ad hoc or "crash" program--indeed, it is a process rather than a program.

11. So far as possible, a community development program should be based on the "felt needs" and desires and aspirations of the people of the community. In the philosophy of community development, it is considered desirable that community action be based primarily on the unforced consensus of the community, or the participants, rather than on the promotion of a predetermined program by a group or organization either inside or outside the community.

12. Community development is basically democratic in its philosophy. Logically, it is tied up with such ideas as ultimate control by the people, a substantial degree of freedom by individuals and groups, a considerable amount of governmental decentralization, and widespread citizen participation....

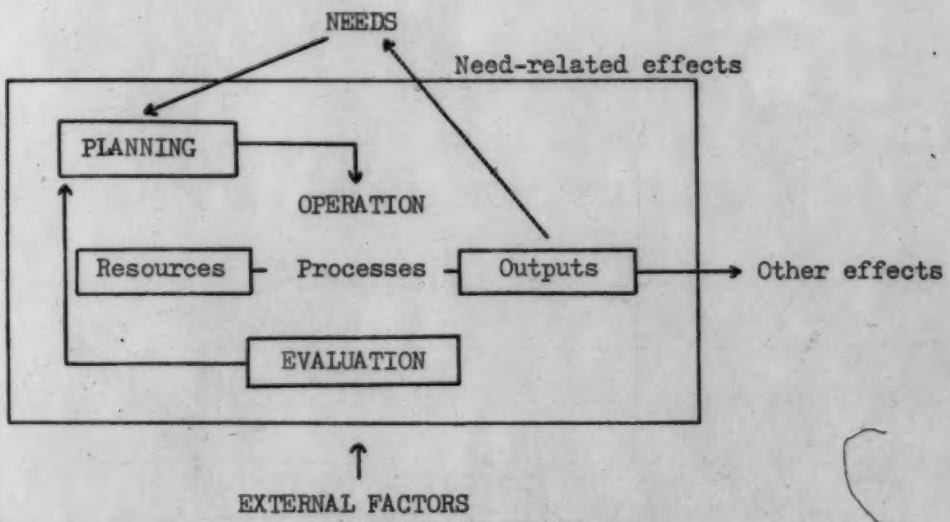
13. Community development emphasizes the desirability of decisions on the basis of consensus or general agreement rather than on the basis of sharp cleavages or close votes that would tend to divide the community. In this respect community development differs from "social action" and ordinary political action, where conflict of ideological and interest groups, formal parliamentary procedure, sharp divisions, and decisions by majority votes are taken for granted.

14. In community development, direct participation is normally open to practically any community resident who wishes to participate--as distinguished from indirect participation through delegates or representatives.

* Arthur Dunham, The New Community Organization (N.Y.: Thomas Y. Crowell Co., 1970), 72-74.

APPENDIX III

Summary Model for an Overview of Family Planning Programs*



* Jack Reynolds, A Checklist for Evaluative Overviews of Family Planning Program Activities (N.Y.: International Institute for Study of Human Reproduction, Columbia University, 1973), 5.